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ABSTRACT

Presented are nine appendixes to a state survey, funded under Title III, to determine the number of handicapped children receiving or in need of special education services in Indiana. Included are a description of survey objectives and procedures, 17 tables of data by region and community type, and copies of school principals' suggestions for improving special education services and programs. (LH)

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INDIANA STUDY OF

SPECIAL EDUCATION

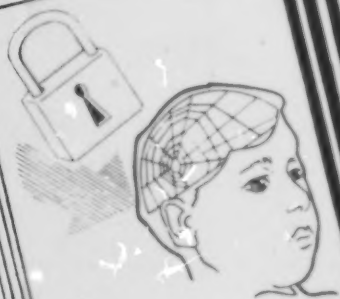
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NEEDS & PROGRAMS - PHASE I

REPORT - VOL. II



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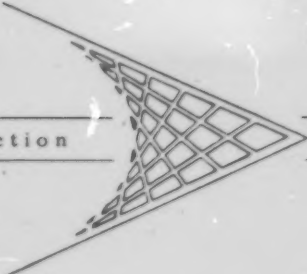
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**MODEL EDUCATIONAL RESEARCH CENTER
MERC**

Indiana State Department of Public Instruction

ESEA Title III

DR. HAROLD H. NEGLEY, SUPERINTENDENT



La Porte Community School Corp.
La Porte, Indiana 46350

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ESEA III - INDIANAPOLIS
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DR. PATRICK GAVIGAN,
NEEDS ASSESSMENT COORDINATOR

THIS PROGRAM IS FUNDED
UNDER THE
ELEMENTARY & SECONDARY EDUCATION ACT
P. L. 89 - 10 - TITLE III

A COOPERATIVE PROGRAM

BETWEEN

THE LA PORTE COMMUNITY SCHOOLS

J. ROBERT MILLER, SUPT.

AND

THE INDIANA DEPARTMENT

OF PUBLIC INSTRUCTION

DR. HAROLD H. NEGLEY, STATE SUPT.

BEST COPY AVAILABLE

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Appendix A

Proposal of the Study as Approved
by the ESEA Title III Division,
Indiana Department of Public
Instruction, and Related Letters.

(C O P Y)



La Porte Community School Corporation

DR. CHARLES E. BLAIR
Assistant Superintendent
for Instruction
Phone 219/362-7056

Educational Services Center
1921 "A" Street
La Porte, Indiana 46350

August 14, 1974

Mr. Don Treibic, Director
Title III ESEA
State Department of Public Instruction
120 West Market Street
Indianapolis, IN 46204

Dear Don:

Enclosed is a copy of the proposal for the Special Education Study being conducted by the MERC Project.

Dr. Khan, Ms. Glentzer and I have reviewed it extensively and feel that it will elicit the data you require. The operational procedures, we think, are logical and can be followed closely. The basic data, using these procedures, can be collected and be put into reportable form by November 1st.

The second phase of the study will begin while the first phase is being completed. This will reduce the time-lag for reporting on the second phase.

Dr. Khan and Ms. Glentzer will be in Indianapolis on Friday, August 16th. They will stop by your office to answer any questions you may have concerning the proposal. If the proposal is acceptable as written, then we can proceed post-haste toward the implementation phase. If there are to be any changes in the direction, methodology or procedures, please specify those changes in writing to avoid any misunderstandings in the future.

Don, you will be glad to hear that Dr. Khan is working very hard, and he and Cindy have made a great deal of progress in a very short time.

Your approval of this proposal will signal the forward movement of this project which I am sure we all wish to see.

Sincerely,

Charles E. Blair

Dr. Charles E. Blair,
Assistant Superintendent for Instruction

CEB/ms

A Study of
Special Education Needs and Programs
in the
State of Indiana

Purpose and Objectives

This is intended to be a decision-oriented descriptive study of the special education needs and programs in the state of Indiana.

More specifically, it is intended to find out:

- (a) the most approximate number of children and youth by their handicaps and/or disabilities, as of June 1, 1974, who
 - (i) are being served by the special education services and programs.
 - (ii) have already been identified by the authorities concerned to be needing special education services, but could not yet be placed in special education programs for want of facilities or parental consent,
 - (iii) were referred by their teachers to the counselors or building principals as needing testing and identification of their handicaps and/or disabilities, and for whom the case conference committees were appointed or are in the process of being appointed;
- (b) the special education personnel's perceptions of Rule S-1 and its definitions of different handicaps and disabilities, and the criteria they employ to identify the children needing special education services;

- (c) the characteristics of the on-going special education programs in the state: their content and facilities, characteristics of their teachers, the adequacy of their practices, the effectiveness of special education services, etc.
- (d) the needs of special education programs in the state: additional resources, facilities and teachers needed, any changes and improvements desirable in the existing programs, and planning for the future.

Need of the Study

Rule S-1 for Special Education was adopted by the Commission on General Education of the Indiana State Board of Education on September 5, 1973, and approved by the Governor on September 13, 1973. In order to facilitate decision-making to fully implement Rule S-1 in the state, systematically gathered information is needed relative to what the existing status of special education needs and programs in the state is, what has to be accomplished and how "needs" are to be resolved. Such objectively gathered data can properly serve as the basis of intelligent and innovative decisions that can fulfill the requirements of accountability.

For instance, the Department of Public Instruction needs to know and present to the Indiana Legislative Council the numbers of all

potential students in the state, by handicaps and/or disabilities, who need special education services. Similarly, there might be some divergence in the special education personnel's perceptions of Rule S-1, its implementation and use, and its definitions of different handicaps and/or disabilities (especially neurological impairment/learning disabilities or emotional disturbance); and the criteria they employ to determine these handicaps and/or disabilities in children might not be the same. The need to find this out is very obvious, since it has not been done before.

An in-depth status study of the on-going special education programs in the state can prove to be a bedrock of perceptive planning for future development of these programs.

Procedure

Source of Data:

- (1) Data relative to the numbers of children and youth who are already being served by the special education programs has been collected by the DPI and is available in compiled form. It has been felt in the Department that these data should be further verified. For the purposes of this study, the sources of these data as also the data relative to the numbers of children and youth who need special education services and are not being served at present will be:

- (i) the special education directors, and

(ii) guidance counselors. In the schools where there are no guidance counselors, building principals will be the source of data.

The possibility of considering teachers (with whom children and youth come daily into direct contact) as the primary source of data for the purposes of this study was considered and rejected, because the teachers' feelings of their students' needs for special education services may be too vague. However, when their feelings become sufficiently specific, the first person they generally should contact is the guidance counselor or if there is no guidance counselor in the school building the school principal. A guidance counselor or building principal, after receiving a referral from the teacher, initiates action towards the testing of the child with parental consent. This action may culminate in the appointment of a case conference committee, which may lead to the determination of the child's need for special education services and his or her placement in a special education program. It has therefore been decided that, for the purposes of this study, the guidance counselors or building principals, along with the special education directors, will be the primary source of data relative to the numbers of children and youth who are already being served by the special education programs, and those additionally who need special education services.

The few state hospitals, training centers for the retarded, schools in state mental hospitals, state-aided community centers for retarded and other special education institutions will also be contacted to gather relevant data.

(2) Data relative to other objectives of the study, viz. perceptions of Rule S-1 and its definitions of handicaps and/or disabilities, the criteria employed to identify children needing special education services, characteristics of the on-going special education programs in the state, and the needs of their future development will be gathered from:

- (i) school superintendents,
- (ii) special education directors,
- (iii) psychologists, psychometrists and other clinicians, and
- (iv) special education teachers.

Populations and samples:

So far as possible, the entire populations of special education personnel and other relevant authorities will be approached to gather relevant data. Questionnaires will be sent to every one of them. After checking the extent of coverage and contents of the responses, a representative sample of each population, selected randomly and in numbers limited to the requirements of feasibility, will be interviewed. Visits undertaken for this purpose will also be utilized for detailed observation of the special education programs in selected institutions.

Instruments of Research:

Detailed questionnaires and interview schedules will be constructed. For validity and reliability check, these instruments will be tried out in the South La Porte County Special Education Cooperative. For the study of on-going programs, the available evaluative criteria will be used and guidance will be solicited from the specialists.

Data Analysis:

Data will be analyzed by hand and by computer to get statistical parameters and qualitative judgements leading to the findings and conclusions of the survey.

Time Schedule:

For the various phases of the study, the target dates given in the revised M.E.R.C. (Model Educational Research Center, La Porte) proposal will be adhered to, as nearly as possible.

REC'D AUG 19 1974

STATE OF INDIANA

Dr. Harold H. Negley Superintendent
STATE DEPARTMENT OF PUBLIC INSTRUCTION
ROOM 229 - STATE HOUSE
AREA CODE 317-633-6610



INDIANAPOLIS 46204

ESEA, Title III
120 West Market Street - 10th Floor
Indianapolis, Indiana 46204
Area Code 317/633-4355

August 16, 1974

Dr. Charles E. Blair
LaPorte Community School Corporation
1921 "A" Street
LaPorte, Indiana 46350

Dear Dr. Blair:

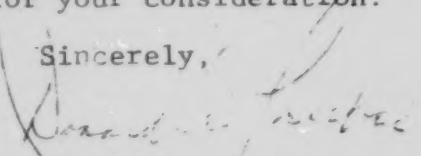
I have received your copy of the proposal for the Special Education Study being conducted by the M.E.R.C. program. Dr. Jackson, Dr. Gavigan, and I have read the proposal and approve its content. Please consider this letter the final word on the conduct of the Special Education Study.

Begin implementing the suggested procedures so that we may adhere to a rather stringent time line.

Should anyone, other than the present project staff, attempt to alter the proposal, please contact me prior to the implementation of any revision.

Thank you so much for your consideration.

Sincerely,


Donald A. Treibic
Director
ESEA Title III

DAT:mk

Appendix B

The Questionnaire used in the
Pilot Study, with Try-out Data
Tabulated against each item,
and Related Letters.

Mr. Jack Collins
DIRECTOR OF SPECIAL EDUCATION

Dr. Donald Eberly
DIRECTOR OF PUPIL PERSONNEL

La Porte Community School Corporation

1921 "A" STREET

LA PORTE, INDIANA 46357

September 3, 1974

Dear Principals and Guidance Counselors:

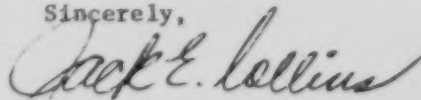
Please find enclosed herewith a brochure introducing to you the Model Educational Research Center (Project MERC) that has been housed within our Special Education Cooperative. Among other things, this center is presently conducting a state-wide survey of needs in the area of special education.

The MERC staff will soon be contacting you concerning the specifics of the survey. You will receive a brief questionnaire eliciting data on the number of pupils who might be needing special education services and your opinions concerning some aspects of the special education programs.

We would like to assure you that all information in this survey will be combined to yield state or regional statistics, and no one school will be singled out when the results are finalized.

You are strongly encouraged to cooperate fully with the MERC staff in this survey and your participation is greatly appreciated.

Sincerely,



Jack E. Collins
Director of Special Education

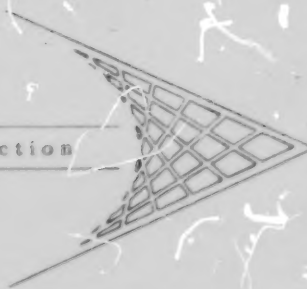
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Enclosure (1)

MODEL EDUCATIONAL RESEARCH CENTER
MERC

Indiana State Department of Public Instruction

ESEA Title III



La Porte Community School Corp.
La Porte, Indiana 46350

September 9, 1974

Dear Principals and Guidance Counselors,

We are conducting a state-wide study in the area of Special Education. The first phase of this study will be a survey to determine the number of pupils who should be receiving Special Education services.

Since MERC is housed in the La Porte Schools, we will be contacting principals, guidance counselors and the Special Education director for the South La Porte County Special Education Cooperative to participate in a pilot study for this first phase.

We request you to please complete the yellow charts, the pink sheets containing a few items and the blue sheet for your comments on the questionnaire and return these to our office by September 16, 1974. These sheets are to be completed by the principals if there are no guidance counselors in the school, otherwise they should be completed by each guidance counselor in the school. A self-addressed, stamped envelope for return of the questionnaire has been enclosed.

Also enclosed herewith are instructions for completing the yellow charts, pink sheets, the blue sheet of comments on the questionnaire, and the definitions of handicaps and disabilities given in Rule S-1. Please read these instructions and definitions very carefully before completing the yellow, pink and blue sheets.

Thank you very much for your cooperation.

Sincerely,

M. W. Khan

Dr. M. Wasi Khan, Director

Lucinda J. Glentzer

Lucinda Glentzer, Assistant Director

ms

Instructions

Every guidance counselor is requested to complete:

- (i) yellow charts,
- (ii) pink sheets of items, and,
- (iii) blue sheets of comments on the questionnaire.

If there is no guidance counselor in your building, the building principal should complete the forms. Before doing this, please read these instructions and the following statement of Rule S-1 definitions of handicaps and disabilities very carefully.

The chart on the yellow page is to be completed for the past school year (1973-1974). For instance, if you are a junior high counselor, counseling seventh grade students this year, you most probably were counseling ninth grade students last year. We want you to complete this chart, to the best of your recollection and available record, for the students who were ninth graders last year. Elementary principals are asked to report for the students who are now seventh graders but who were sixth graders in their schools last year, as well as for the students who have remained in their schools. The data we are collecting, then, is for the 1973-74 school year as of June 1, 1974. Please consult any personnel in your school who might help you to obtain accurate information.

As you look at the yellow chart, you will notice that there are 11 main columns indicating disabilities. Each main column contains 3 subcolumns. There are also six rows indicating the students' age levels. In this chart we want you to place the number of students with whom you worked last year, who fall into these categories. On the next pages you will find state-mandated definitions of each of the 10 handicaps listed. You may find instances where you are unable to determine which category a child should be placed into, in that case, place him in the column labeled "Other". The rows refer to the ages by years of the students.

The N, R, and I subcolumns indicate how far through the process of identification and placement in special education a student had come by June 1, 1974.

- (N) - Needs Special Help - These are the students who are not functioning normally in the regular classroom, but have not been formally referred for the purposes of testing and diagnosis for placement in special education programs. It may be difficult to label the disability for these pupils.
- (R) - Formally Referred - These students have been referred for testing, but have not had a case conference held for their placement. This column includes students who as of June 1, 1974,

- (a) had been tested, but no case conference was held,
 - (b) were awaiting testing,
 - (c) were referred, but parents did not consent to testing, and so on
- (I) - Formally identified but not placed in the special education classroom - These students have been referred for testing, tested, and a case conference has been held for them. They have been identified as special education candidates, but have not been placed in special education programs.

EXAMPLES:

- (1) Johnny was a sixth grade student last year. He was 14 years old and most of his classroom work was at the 3rd grade level. Following consultation with Johnny's parents, it was evident that they would not accept the thought that their child was not normal. If Johnny were referred for testing, they would not sign for consent for the testing, so a formal referral was not made and Johnny remained in the regular classroom. Johnny would be added to those in column 31 on the chart. He would be put in the Junior High group since he was 14 years old.
- (2) Martha was in the ninth grade last year. She was functioning poorly in her classes, so she was referred for testing. After her parents consented to testing, she was tested, but since she was not needing help as much as others, a case conference was not held and she was allowed to remain in the regular classroom. Martha still needs help that she cannot get in the regular classroom. Martha would be added to the number of students placed in column 22 at the Junior High level on the chart.
- (3) Jerry was in the first grade last year. He had trouble in following instructions. After working more closely with Jerry, his teacher discovered that Jerry had a hearing problem. She referred him for testing and it was found and decided by a case conference committee that Jerry is a partially hearing student. Since Jerry's hearing problem was not discovered and identified until mid-May, he was not placed in a hearing impaired program until September of the next year. Jerry would be added to the number of students placed in column 12 on the chart, and he would be at the primary level.

You will notice that columns 1, 2 and 3 pertain to multiply handicapped pupils: those with two or more handicapping conditions. Please fill out their numbers in these columns, if you have such pupils. Then go on to the next page, where you will find a matrix. Please complete the matrix along with columns 1, 2 and 3. The directions to complete the matrix are given on the same page. You are urged not to put the number/numbers of any pupils with two or more handicapping conditions in any other column than columns 1, 2 and 3 and in the matrix.

Completing the pink and blue sheets:

There are a few check items for your considered opinions and some spaces for your additions/suggestions about the special education programs on the pink sheets. Some items about this questionnaire are on the blue sheets. Kindly answer them as thoughtfully as you can.

Rule 5-1 Definitions of Pupils' Handicaps
and Disabilities Needing Special Education
Services, as Adopted by the Indiana State
Board of Education on September 5, 1973

1. A multiply handicapped pupil is one with two or more handicapping conditions which interact and result in problems so complex that placement in programs designed for children with single handicaps will not result in significantly meaningful growth and achievement.
2. A pupil is physically handicapped if he has an orthopedic or other health impairing problem which a licensed physician in his diagnosis finds to be a serious impairment of the child's locomotion or motor functions leading to an inability to function in the regular school program or a need for greater protection than the regular school program provides.
3. A visually handicapped pupil is one who is either (a) blind: his visual loss is so severe that for educational purposes vision cannot be used as a major channel of learning, or his visual acuity is 20/200 or less in the better eye after correction, or his peripheral field is so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees; or who is (b) partially seeing: his vision deviates from the normal to such an extent that, in the combined opinion of a qualified educator and either physician or optometrist, he can benefit from the special education facilities provided partially seeing pupils; or his visual acuity is 20/70 or less in the better eye after correction, and he is able to use vision as the principal means of education.
4. Hearing impaired refers to pupils who have been termed deaf or hard of hearing and whose condition is medically irreversible or requires prolonged medical care. A deaf pupil is one in whom the sense of hearing is non-functional for the ordinary purposes of life. He is either congenitally deaf (was born deaf) or adventitiously deaf (was born with normal hearing but his sense of hearing became non-functional later through illness or accident). A hard of hearing pupil is one in whom the sense of hearing, although defective, is functional with or without a hearing aid.
5. An emotionally disturbed child, for purposes of special education, is one who after receiving supportive and counseling services available to all students designed to improve learning and adjustment in the regular classroom, is chronically unable to make constructive use of his school experience, as manifested by an inability to develop socially and emotionally, and learn at the same rate as his classmates and who requires the provision of special education services designed to promote his educational, social and emotional growth and development. This definition does not include all children with problems, nor students whose problems are primarily mental retardation, a temporary emotional disturbance due to some identifiable external crisis situation, a condition which required residential hospital

treatment, severe physical or sensory handicaps, and ordinary classroom behavior problems or social problems such as delinquency and drug abuse.

6. A neurologically impaired/learning disabled pupil exhibits severe specific defects in perceptual, integrative or expressive processes which severely impair learning efficiency. Neurological impairments/learning disabilities include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia and developmental aphasia and may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantages. Neurologically impaired/learning disabled children shall be those who are chronic failures in the regular classroom setting and are seriously deficient in educational skills.

7. A communication handicapped pupil may suffer from disorders of articulation (all the speech deviations based primarily on incorrect production of speech sounds, may they result from organic conditions or be non-organic, or functional in nature. A person who omits sounds in words, substitutes one sound for another in words, and/or distorts speech sounds within a word, exhibits an articulation problem), fluency disorders (stuttering or an abnormal rate of speech), voice disorders (like those of pitch, loudness and quality), and language disorders (difficulties experienced in the use and/or comprehension of linguistic symbols).

8. The general rate of mental development of the educably mentally retarded pupil is approximately two-thirds that of a pupil of average intelligence; he will usually earn an I.Q. of 60-75 on the Stanford-Binet Intelligence Scale. In terms of academic outcomes he has the capability of becoming functionally literate and for a vocation of participating successfully in the competitive work market without requiring intensive and constant supervision.

9. Approximately three out of every 1,000 school age pupils are trainable mentally retarded; they will usually earn an I.Q. of 35-60 on the Stanford-Binet. They have a level of intellectual functioning which precludes an ability to become literate, yet, they can maintain a level of language proficiency and self-care to function semi-independently in society. Most of them ultimately function in a sheltered or supervised work environment requiring little decision-making or diversification.

10. The general capability of mental development of the severely-profoundly retarded pupil is that he can learn to communicate, can learn elemental health habits, and can profit from systematic habit training. He will usually earn an I.Q. of below 35 on the Stanford-Binet. Some of these children can possibly hold down a closely supervised position in a sheltered work environment while others may not do so, but can develop limited speech and motor skills.

Number of Pupils, By Their Handicaps and Ages, Who Were Thought, Guidance Counselors/Parents, To Be Needing Special Education Service Who Were Formally Referred By Teachers/Counselors for Testing & D Who Were Tested and Finally Identified To Be Placed, But Had Not Yet Appropriate Special Education Programs (Column I) During the Academic Year as of June 1, 1974.

Age-levels	Multiply Handicapped (also complete reverse side)			Physically Handicapped			Visually Handicapped			Hearing Impaired			Emotionally Disturbed			Neurologically Impaired/Learning Disabled			Communication Handicapped
	N	R	I	N	R	I	N	R	I	N	R	I	N	R	I	N	R	I	N
Pre-primary (0-6)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
				1			3					1	11	2	5	4	3	9	15
Primary (7-9)			1	3		1	2	1	1	4	2		12	10	2	9	4		23
Intermediate (10-12)	1			1			1			5	2	2	14	17	3	15	2		7
Junior High (13-14)			1				1			1			4			1			
Senior High (15-21)		1	3	2	1		4		1	5	1		16	4		3			2
Totals by column	1	2	5	7	1	1	11	1	2	15	5	3	57	33	10	31	10	9	47
Handicap	8			9			23	14			23			100			50		

ght, By Their Teachers/
 Services (Column N),
 & Diagnosis (Column R),
 ot Yet Been Placed, In
 cademic Year 1973-1974

Name _____
 Designation _____
 School _____

Communication Handicapped			Educable Mentally Retarded			Trainable Mentally Retarded			Severely-Profoundly Mentally Retarded			Other (whose handicap/disability has not yet been identified)			Totals by Age-Level	Total Row	
N	R	I	N	R	I	N	R	I	N	R	I	N	R	I		N	R
19	20	21	22	23	24	25	26	27	28	29	30	31	32	33			
15			5	3	2							13	4	1	82	52	12
23	15		4	1	3							1			99	58	33
7	4	1	3	7	2				1			3			92	51	33
			1	2	1							2	2		16	9	5
2			31	1	2	1		1						2	81	64	40
47	19	1	44	14	10	1		1	1			19	6	3	370	234	91
67			68			2			1			24	28				

MATRIX for MULTIPLY HANDICAPPED

This matrix must be completed with the data recorded in columns 1, 2 & 3 of the chart on the reverse side of this page. For each pupil who has been counted in any of those columns as multiply handicapped an (X) should be marked in the appropriate box. For example, if a child is hearing impaired and communication handicapped, an (X) should be marked in the box which falls in row 5 and column 5. There can be as many marks of (X) in a particular box as there are pupils with those two handicaps. In case there are some pupils who have more than two handicaps, please do not mark any (X) in the matrix, just state their total number below:

Number of pupils with more than two handicaps:

One

MWK/ms
9/9/74

25

Visually Handicapped	1	
Hearing Impaired	2	
Emotionally Disturbed	3	
Neurologically Impaired/Learning Disabled	4	X
Communication Handicapped	5	
Educable-Mentally Retarded	6	X
Trainable Mentally Retarded	7	
Severely-Fro foundly Men- tally Retarded	8	
		8 Handicapped

TRIX for MULTIPLY HANDICAPPED

Visually Handicapped	1								
Hearing Impaired	2		X						
Emotionally Disturbed	3								
Neurologically Impaired/Learning Disabled	4	X			X				
Communication Handicapped	5		X		X	X			
Educable Mentally Retarded	6	X							
Trainable Mentally Retarded	7								
Severely-Profoundly Mentally Retarded	8								
		8 Physically Handicapped	7 Visually Handicapped	9 Hearing Impaired	10 Emotionally Disturbed	4 Neurologically Impaired/Lg. Disabled	6 Communication Handicapped	2 Educable Mentally Retarded	1 Trainable Mentally Retarded

Your Opinions and Suggestions About the Special Education Programs

The following items pertain to students with whom you worked during the 1973-1974 academic year. Please give your comments to the following items, by checking the appropriate column; strongly agree (SA), agree (A), undecided (U), disagree (D), or strongly disagree (SD):

1. If you had some students about whom it was felt, by a teacher/teachers/guidance counselor/parent, that evaluation and diagnosis of their handicaps or disabilities and consequent placement in a special education program was needed, but no formal referral was made for the purposes of evaluation and diagnosis ("N" on chart), what do you think were the reasons? (Please check as many as you think were relevant.):

(a) Lack of parental acceptance, cooperation or consent.

(b) Time lag between formal referral and final placement in a special education program.

(c) Guidance counselors were overworked.

(d) Psychometrists and other clinicians were over-worked.

(e) Proper physical facilities and teachers for the appropriate special education programs were lacking in the community or are out of reach.

(f) Social stigma of attaching a label to a student for a particular special education program.

(g) Ancillary personnel were over-worked.

(h) Other (Please specify)

Lack of adequate follow-up after a report is sent.

Comment: Too profound.

SA	A	U	D	SD
5	6	1	5	1
5	7	5	1	
2	3	5	2	1
6	7	3	1	
9	7	1	1	
5	5	2	4	1
	3	7	4	
1				

2. If you have some students about whom a formal referral was made by a teacher/teachers/guidance counselor for the purposes of evaluation and diagnosis of their handicaps or disabilities, but no final decisions were made to identify such handicaps or disabilities ("R" on chart) what do you think were the reasons? (Please check as many as you think were relevant.):

- (a) Lack of parental acceptance, cooperation or consent.
- (b) Time lag between formal referral and final placement in a special education program.
- (c) Psychometrists were over-worked.
- (d) Other clinicians were over-worked.
- (e) Proper physical facilities and teachers for the appropriate special education program were lacking in the community or were out of reach.
- (f) Social stigma of attaching a label to a student for a particular special education program.
- (g) Other (please specify)

SA	A	U	D	SD
5	2		4	
1	5	1	2	
4	2	4		
1	3	4		
6	5	2		
2	6		4	

3. If you had some students who were tested to diagnose their handicaps or disabilities and were finally identified as having a handicap or disability, but were not placed in an appropriate special education program ("I" on chart), what do you think were the reasons? (Please check as many as you think were relevant.):

- (a) Lack of parental acceptance, cooperation and consent.
- (b) Proper physical facilities for the appropriate special education programs were lacking in the community or were out of reach.
- (c) Teachers for the appropriate special education programs were not available, or were over-worked.
- (d) Social stigma of attaching a label to a student for a particular special education program.
- (e) The handicapped/disabled students were doing as well in the regular classroom as they would in a special education classroom.
- (f) Other (Please specify)
- _____
- _____

SA	A	U	D	SD
5	4	1	3	
7	6		1	
7	4	2		
4	2		3	1
	1	3	2	3

4. Are you satisfied with: (Please check the appropriate column in each case.)

- (a) The usefulness of definitions of handicaps and disabilities given in Rule S-1.
- (b) The procedure of referral, diagnosis and evaluation, final identification of disabilities/handicaps and placement in the appropriate special education program, as outlined in Rule S-1.
- (c) The procedure of referral, diagnosis and evaluation, final identification of disabilities/handicaps and placement in the appropriate special education program, as practiced for the students of your school.
- (d) The number of guidance counselors available for the students in your school.
- (e) The number of psychometrists and other clinicians available for the students of your school.
- (f) The number of special education teachers for different handicaps and disabilities available for the needy students of your school.
- (g) The physical facilities for different special education programs available for the needy students of your school.
- (h) Parental acceptance, cooperation and consent to their needy children's testing and diagnosis and final placement in the appropriate special education program.

SA	A	U	D	SD
1	18	5		
1	15	7	1	2
1	5	4	8	7
1	5	8	8	4
	5	5	9	7
	3	5	10	7
2	9	7	3	3

- 7
5. In your opinion, how much time is taken from the point a need is felt by a teacher/teachers/guidance counselor/ parent that a particular student should be referred for evaluation and diagnosis of his possible handicaps/disabilities, to the point when he is finally placed in the appropriate special education program? (Please check one)

1 - 2 months	<u>4</u>
2 - 4 months	<u>10</u>
4 - 6 months	<u>6</u>
6 - 8 months	<u> </u>
9 or more months	<u>4</u>
Never	<u>1</u>

6. Do you have special education program/programs in your building?
(Please check one.)

Yes 8 schools
No 11 schools

If yes, please state the types of such programs by disability.

1. EMR - 5 schools	5. Emotionally disturbed - 1 school
<u>2. TMR - 1 school</u>	
<u>3. Hearing & Communication - 2 schools</u>	
<u>4. Multiply & Physically handicapped - 1 school</u>	

How are these programs accepted by the teachers of your school?
(Please check one.)

Very positively	<u>4</u>
Positively	<u>11</u>
Neutral	<u>2</u>
Disliked	<u> </u>
Seriously disliked	<u> </u>

7. How many of the students in your school were in special education programs during the year 1973-74, but are not there any more? Give their number against the possible reasons you think were responsible for their leaving.

	<u>Number of Students</u>
(a) Left your school	<u>10</u>
(b) Were transferred back to regular school program	<u>6</u>
(c) Were transferred to a hospital or any outside agency	<u> </u>
(d) Moved out of the school district	<u>13</u>
(e) Special education programs became over-crowded or facilities catering to them became non-existent or deficient.	<u>1</u>
(f) Any other (Please specify):	
<u>Married</u>	<u>1</u>
<u>Of adult age and simply refused to cooperate with program.</u>	<u>1</u>
<u>High School work program</u>	<u>2</u>
<u>Sheltered workshop</u>	<u>1</u>
Please specify the exact total number of such students	<u> </u>

- Number of Students

2

7

4

Please specify the exact total number of such students

- 3 (one possibly)
Number of children

10. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs; facilities, content, and quality of special education programs, etc.:

SEE ATTACHED TWO PAGES.

The following suggestions were made by individual respondents:

1. "Get adequate funding to offer the disability classes." (a guidance counselor)
2. "Find ways of making funds available for special education programs." (a principal)
3. "Need more special education programs at all levels for mentally retarded. Need programs at all levels for the emotionally disturbed." (a guidance counselor)
4. "I feel there should be programs for the emotionally disturbed that will accept a wider range of students. I feel students who need a great deal of extra attention in the regular classroom but were not getting it, because this is impossible in many instances, should be placed in special classes." (a principal)
5. "The program needs to be expanded to include some borderline students who do not qualify at the cut off now." (a guidance counselor)
6. "Testing personnel are overworked. It takes too long to get evaluation completed. Special education classes are also overcrowded now--any new students would burden these overcrowded classes. Mentally retarded children need to work into some regular classes with other children; but these classes are too large to start with, and this adds to the burden of the regular classroom teacher."
7. "Teachers and counselors are not well informed as to the identification of special education students. You would probably get many more referrals if a teacher knew what to do. Junior high and senior high school teachers feel if the students are not in special education by now, the school feels they should be in regular classes." (a guidance counselor)
8. "One reason why needy students are not formally referred for testing and diagnosis is that guidance counselors are doing the wrong kinds of things: not enough time is spent counseling." (a principal)
9. "It seems to me that identification in the 12th grade would be very rare. I do not feel that any student in our school failed to graduate because the school failed to adapt to his handicaps or limitations. On the high school level, we have been most successful in graduating students that fit Rule S-1 definitions--even in our regular classes. The special education program has made this

even easier, but of what use is a high school diploma if the individual cannot function in society even on a limited basis? I would like to see more vocational learning and experience." (a guidance counselor)

10. "(Pertaining to Rule S-1 definitions) 'emotionally disturbed' is not well-defined, and 'slow learner' overlaps with 'learning disabled.'" (a principal)
11. "The youngster whose IQ falls between 78 and 88 should also be included in the definitions of Rule S-1. He appears normal, even 'smart', and doesn't have temper outbursts, etc. But his problem is that he just doesn't seem to learn like he should. He is a 'slow learner' and needs more individual help than the classroom teacher can give and thus gradually falls farther and farther behind his classmates. These students need special help and are a neglected group."

"Another area of special education that is unjustified but mandated by law is the educating or training of the severely handicapped and those children of very low IQs (30-50). The schools are being punished for not having programs for these people because they do not have adequate funds supplied by the state to run the program. Schools would be able to instill the proper programs if they were financially able to do so, and would do so willingly. Facilities need to be built for physical therapy and the child should not have to be transported 20 miles strapped in a wheelchair or seat for that long of a period. It is costly but children shouldn't be shuttled from place to place like a bunch of cattle. Change the laws! Give the schools money to operate on! Otherwise all your research won't be worth a 'hill of beans.'" (a principal)

12. "The principal of the school to which a child is returning after having been enrolled in a special education class should be included in the case conference." (a principal)

Your Comments on this Questionnaire

1. Please give your opinions about this questionnaire by checking the appropriate column: Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), Strongly Disagree (SD):

- (a) You are the most appropriate source to provide the data being collected through this questionnaire.
- (b) The letter of introduction adequately describes the intents and purposes of this study.
- (c) The instructions are clear, precise and meaningful.
- (d) The yellow chart and matrix provide an appropriate format for tabulating data of the students needing special education services by category of handicap/disability, by age-level, and by the stage of identification.
- (e) The items on pink sheets elicit your considered opinions and suggestions about the special education programs adequately.

SA	A	U	D	SD
5	12	7	1	1
1	22	2	1	
1	19	5	2	
	21	2	2	
	18	6	1	1

2. What do you think should be done to improve this questionnaire?
Please check the appropriate answer and add your specific suggestion:

- (a) Modify the letter of introduction
- (b) Change or further clarify the instructions
- (c) Elaborate further the Rule S-1 descriptions of handicaps/disabilities.
- (d) Modify the yellow chart.
- (e) Modify the yellow matrix.
- (f) Change the items on pink sheet: add, delete or modify any one or more of them.

Yes	No	Undecided
3	15	4
4	13	4
3	18	1
4	16	2
2	16	3 "Do away" -1
4	10	5

Specific suggestions:

"Items 7 & 8 are not clear" - 1 respondent

3. If you like, please write down any other suggestions concerning the intents and purposes of this study, the way it is being carried out, or any other aspect of the study.

SEE ATTACHED PAGE

4. How long did it take you to complete the yellow chart and matrix and the pink sheet of items?

On the average - 85⁴ minutes.

(which included time to check records and collect information.)

Thank you very much. Please be sure to check again that all yellow, pink and blue sheets are duly completed, and your name, designation and school appear on the first page.

Project: MERC

Dr. M. Wasi Khan, Director

Cindy Glentzer, Assistant Director

MWK/ms

9/9/74

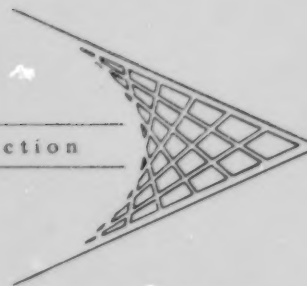
The following suggestions were made by individual respondents:

1. "It will always be difficult to have everyone agree on interpretation of instructions and definitions. I feel that you have done very well."
2. "It's O.K. "
3. "Possibly get data for current year later in the year - new personnel in some situations, etc."
4. "Give more time to complete and return the questionnaire."
5. "Questionnaires to high school and junior high school should be separate from elementary. Our situations are not the same."
6. "Pink form certainly elicits responses but does not fit my situation. Probably fine for elementary level."
7. "Add to the aspects of special education services and programs, like the procedure of referral, evaluation and diagnosis, identification of handicaps/disabilities, placement in special education programs, facilities, content and quality of special education programs - 'communication to school personnel of the magnitude of the program -- number being served, types and numbers of handicaps, ages, rates of progress, etc.' "

MODEL EDUCATIONAL RESEARCH CENTER
MERC

Indiana State Department of Public Instruction

ESEA Title III



La Porte Community School Corp.
La Porte, Indiana 46350

October 17, 1974

We are sorry to have to bother you again. You very kindly cooperated last month in the try-out of the state-wide study of Special Education. With the help of your data and comments on the try-out form of the questionnaire, we revised and improved it and have now sent the questionnaire to all school principals in the state.

Since the data from your school (on the yellow form) and your considered opinions (on the pink form) have also to be included in the computer analysis of state-wide data, we are checking with you again. If we had received the data for your school from yourself or your guidance counselor(s), we have now transferred that data onto the enclosed yellow form. Please check it yourself and also check your own opinions about Special Education needs and programs on the enclosed pink form. If we had not received any data from you last month, we request that you please complete both the yellow and pink forms for your school at this time.

Please insert the yellow sheet into the pink form, refold the questionnaire, staple and return it to us by mail. The pink form has already been stamped and addressed to our office. Please respond as quickly as possible, as it is very important that we have your data by October 22, 1974.

Thank you very much for the extra time that you have given us for this survey. Your cooperation is especially appreciated.

Sincerely,

Dr. M. Wasi Khan, Director

M W Khan

Lucinda Glentzer, Assistant Director

40 Lucinda Glentzer

Appendix C

Dr. Harold H. Negley's letter,
MERC brochure and Finalized
Questionnaire Administered
Statewide to the School Principals.

STATE OF INDIANA

Dr. Harold H. Negley Superintendent
STATE DEPARTMENT OF PUBLIC INSTRUCTION
ROOM 229 - STATE HOUSE
AREA CODE 317-633-6610



INDIANAPOLIS 46204

September 23, 1974

Dear Principals:

Please find enclosed herewith a brochure introducing to you the Model Educational Research Center (Project MERC) that is a cooperative program of the ESEA, Title III Division of the Indiana State Department of Public Instruction and the LaPorte Community School Corporation. Among other things, this center is presently conducting a state-wide survey of needs in the area of special education.

The MERC staff will soon be contacting you concerning the specifics of the survey. You will receive a brief questionnaire eliciting data on the number of pupils who might be needing special education services and your opinions concerning some aspects of the special education programs.

We would like to assure you that all information in this survey will be combined to yield state or regional statistics, and no one school will be singled out when the results are finalized.

You are strongly encouraged to cooperate fully with the MERC staff in this survey and your participation is greatly appreciated.

Sincerely,

A handwritten signature in cursive script, reading "Harold H. Negley".
Harold H. Negley
State Superintendent
of Public Instruction

HHN:mk

HOW LARGE IS THE MERC STAFF?

There is a director who has experience in research design and statistics, an assistant director who has a background in statistics and computer programming, and a part-time clerk-bookkeeper.

HOW WILL THE INFORMATION THAT IS GATHERED BE DISSEMINATED?

A newsletter will be sent to superintendents as new research data is gathered and analyzed.

A brochure, containing a summary of the latest research on a given topic or academic area, will be published periodically.

Workshops will be conducted on research design, data gathering, and data analysis as they pertain to local school districts.

SUMMARY

MERC means:

- Assistance in research at local level.
- Statewide educational surveys concerning current problems.
- Compilation and dissemination of latest research findings.
- Workshops about research techniques and applications.

Want More Information?

WRITE or CALL

MODEL EDUCATIONAL RESEARCH CENTER

DR. M. W. KHAN, PROJECT DIRECTOR
MS. CINDY GLENTZER, ASST. DIRECTOR
306 E. 18th STREET
LA PORTE, INDIANA 46350
PHONE: 219/362-9811

DR. CHARLES R. BLAIR, ASST. SUPT.
LA PORTE, COMMUNITY SCHOOLS
PHONE: 219/362-7056

ESEA III — INDIANAPOLIS
MR. DONALD D. TREIBIC, DIRECTOR
DR. PATRICK GAVIGAN,
NEEDS ASSESSMENT COORDINATOR

THIS PROGRAM IS FUNDED
UNDER THE
ELEMENTARY & SECONDARY EDUCATION ACT
P. L. 89 — 10 — TITLE III

A COOPERATIVE PROGRAM

BETWEEN

THE LA PORTE COMMUNITY SCHOOLS
J. ROBERT MILLER, SUPT.

AND

THE INDIANA DEPARTMENT
OF PUBLIC INSTRUCTION
DR. HAROLD NEGLEY, STATE SUPT.

Want More Information?

WRITE or CALL

MODEL EDUCATIONAL RESEARCH CENTER

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A COOPERATIVE PROGRAM

BETWEEN

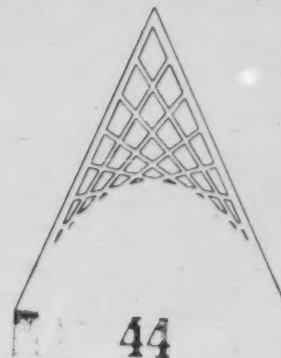
THE LA PORTE COMMUNITY SCHOOLS
J. ROBERT MILLER, SUPT.

AND

THE INDIANA DEPARTMENT
OF PUBLIC INSTRUCTION
DR. HAROLD NEGLEY, STATE SUPT.

MERC

and YOUR SCHOOL

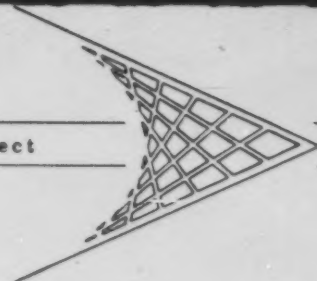


MODEL EDUCATIONAL RESEARCH CENTER

MERC

Indiana State Educational Needs Assessment Project

E S



WHAT IS PROJECT: MERC?

MERC is an acronym for Model Educational Research Center. It is an ESEA III funded project designed to carry out two functions: (1) to provide the Indiana State Department of Public Instruction with additional research capability to collect data necessary for more efficient state wide planning, and most significantly, (2) to create an exemplary model in regard to the roles and responsibilities of the educational researcher at the local school district level.

WHO PARTICIPATES IN ACTIVITIES?

All school districts within Indiana on statewide projects and the LaPorte Community School Corporation on local research projects.

HOW WERE NEEDS DETERMINED?

On a statewide basis, a needs assessment reflected a need for more information concerning students who may be eligible for special education assistance under Rule S-1.

On a local basis, the need to effectively translate research into classroom activities and programs was the highest priority.

WHAT IS THE FIRST STATE-WIDE PROJECT TO BE UNDERTAKEN BY MERC?

The project staff will work with the local school corporations and the Indiana State Department of Public Instruction to identify the instructional needs and the population to be served in the area of special education under Rule S-1.

WHAT STATE

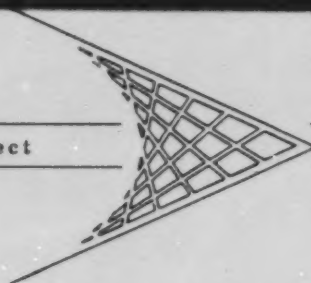
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The project staff will work with the local school corporations and the Indiana State Department of Public Instruction to identify the instructional needs and the population to be served in the area of special education under Rule S-1.

WHAT WILL BE THE NEXT STATEWIDE PROJECT?

The final decision concerning the next statewide study has not been made at this time. However, there are several areas now being considered.

WHAT ARE OTHER GOALS OF PROJECT: MERC?

One important goal is to assist local school districts in gathering research data concerning promising innovative programs and translating this research into programs. Hopefully this will narrow the gap between research and classroom activities and programs.

Another goal also concerns research at the local school level. The staff will assist local school districts in establishing experimental research designs for their projects and programs.

Project: MERC will also serve as a dissemination source, making research being done in local schools available to other schools within the state.

MODEL EDUCATIONAL RESEARCH CENTER

MERC

Indiana State Department of Public Instruction

ESEA Title III

La Porte Community School Corp.
La Porte, Indiana 46350

October 1, 1974

Dear Principal:

By this time you should have received a copy of our brochure. We are conducting a state-wide study in the area of Special Education which is intended to help the decision-makers take steps to promote and strengthen special education programs in Indiana. The first phase of this study is a survey to determine the number of pupils who should have received special education services last year. The second phase of the study will be a survey of special education teachers and other personnel. We are asking you to help us determine how many more students should have been served last year but were not.

In order to get this information, we are asking each school in the state to complete our questionnaire by following these six steps:

- | | |
|-----------------------------|----------------------------------|
| 1) Complete the yellow form | 4) Refold questionnaire so that |
| 2) Complete the pink form | MERC address is showing |
| 3) Insert the yellow sheet | 5) Staple the questionnaire once |
| into folded pink sheet | 6) Return it by mail |

You are strongly encouraged to respond as quickly as possible, so that your return reaches us no later than Friday, October 11, 1974.

One questionnaire is being sent to each school. Please have the yellow form completed by the person (or persons) who best knows the information needed. This may be yourself, your guidance counselors, the school nurse, or other staff member, but it should be someone in your school. Special Education Directors need not be contacted, as they will also be completing this form, as well as others. You, as principal, should complete the pink form, regardless of who helps in completing the yellow form.

The following white sheet contains instructions for completion of the questionnaire on one side, and the definitions of handicaps and disabilities from Rule S-1 on the other side. Please read these instructions and definitions very carefully before completing the yellow and pink forms.

We cannot overstate the importance and value of your data and opinions. It will greatly assist us in planning improvements of special education programs for the thousands of handicapped children in Indiana. Thank you very much for your cooperation.

Sincerely,

Lucinda L. Glentzer

Lucinda Glentzer, Asst. Director

M. W. Khan

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Dr. M. Wasi Khan, Director

MODEL EDUCATIONAL RESEARCH CENTER
MERC

Indiana State Department of Public Instruction

ESEA Title III

Study of Special Education Needs and Programs in the State of Indiana

La Porte Community School Corp.
La Porte, Indiana 46350

INSTRUCTIONS

Each school is asked to complete both the pink and yellow forms. This information is to be for the past school year (1973-1974). For instance, each elementary principal, or designated person, is asked to report for the students who are now seventh graders, but who were sixth graders in his school last year, as well as for the students who were in grades K-5 in his school. The data we are collecting, then, is for the 1973-1974 school year as of June 1, 1974. Please have the most qualified person or persons in your school, be he principal, guidance counselor, nurse or other staff member, complete the yellow form for the entire school. We urge him to consult any records or other personnel that might be able to help him to obtain accurate information.

COMPLETING THE YELLOW FORM:

Looking at the yellow form entitled "NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS", you will notice that there is a space for "Position". This is to be filled in by the person or persons completing this form. On the chart, you will notice 6 columns indicating the students' ages in years (not their grade level). There are 11 main rows indicating disabilities. Each main row contains 3 sub-rows. In this chart we want you to place the NUMBER OF STUDENTS IN YOUR SCHOOL LAST YEAR who fall into these categories. On the reverse side of this white page, you will find state-mandated definitions of each of the 10 handicaps listed. You may find instances where you are unable to determine into which category a child should be placed. In that case, place him in the row labeled "Other".

The N, R and I sub-rows indicate how far through the process of identification and placement in special education a student had come by June 1, 1974.

- (N) - Needed Special Help - These are the students who were not functioning normally in the regular classroom, but had not been formally referred for the purposes of testing and diagnosis for placement in special education programs. It may be difficult to label the disability for these pupils.
- (R) - Formally Referred - These students had been referred for testing, but had not had a case conference held for their placement. This column includes students who as of June 1, 1974
 - (a) had been tested, but no case conference was held,
 - (b) were awaiting testing,
 - (c) were referred, but parents did not consent to testing, and so on.
- (I) - Formally Identified but not Placed in the Special Education Class - These students had been referred for testing, tested, and a case conference had been held for them. They had been identified as

special education candidates, but had not been placed in special education programs.

Please note that these N, R and I groups are not overlapping, i.e. if a student had a need and had been referred but not identified, he falls into the R group, but is not an N, since he had already been referred.

EXAMPLES:

(1) Johnny was a sixth grade student last year. He was 14 years old and most of his classroom work was at the third grade level. Following consultation with Johnny's parents, it was evident that they would not accept the thought that their child was not normal. If Johnny were referred for testing, they would not sign for consent for the testing, so a formal referral was not made and Johnny remained in the regular classroom. Johnny would be added to those in row 31 on the chart. He would be put in the Junior High group since he was 14 years old.

(2) Martha was in the ninth grade last year. She was functioning poorly in her classes, so she was tested, but a case conference had not yet been held and she remained in the regular classroom. Martha still needs help that she cannot get in the regular classroom. Martha would be added to the number of students placed in row 32 at the Junior High level on the chart.

(3) Jerry was in the first grade last year. He had trouble in following instructions. After working more closely with Jerry, his teacher discovered that Jerry had a hearing problem. She referred him for testing and it was found that Jerry is a partially hearing student. Since Jerry's hearing problem was not discovered and identified until mid-May, he was not placed in a hearing impaired program until Sept. of the next year. Jerry would be added to the number of students placed in row 12 on the chart, and he would be at the primary level.

You will notice that rows 1, 2 and 3 pertain to the multiply handicapped: those with two or more handicapping conditions. Each pupil who is added to these three columns must also be marked in the matrix on the reverse side of the yellow sheet. The directions for the matrix are on that page.

COMPLETING THE PINK FORM:

The pink form contains some items concerning your opinions of special education placement and programs. It is to be completed by the principal of the school. Section A is to be completed for all schools. The second group, Section B, pertains only to those schools which had special education programs in the building last year. If you did not have special education programs in your building, do not complete the last group of items.

RULE S-1 DEFINITIONS OF PUPILS' HANDICAPS AND DISABILITIES NEEDING SPECIAL EDUCATION SERVICES,
AS ADOPTED BY THE INDIANA STATE BOARD OF EDUCATION ON SEPTEMBER 5, 1973.

1. A **MULTIPLY HANDICAPPED** pupil is one with two or more handicapping conditions which interact and result in problems so complex that placement in programs designed for children with single handicaps will not result in significantly meaningful growth and achievement.

2. A pupil is **PHYSICALLY HANDICAPPED** if he has an orthopedic or other health impairing problem which a licensed physician in his diagnosis finds to be a serious impairment of the child's locomotion or motor functions leading to an inability to function in the regular school program or a need for greater protection than the regular school program provides.

3. A **VISUALLY HANDICAPPED** pupil is one who is either (a) **BLIND**: his visual loss is so severe that for educational purposes vision cannot be used as a major channel of learning; or his visual acuity is 20/200 or less in the better eye after correction, or his peripheral field is so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees; or who is (b) **PARTIALLY SEEING**: his vision deviates from the normal to such an extent that, in the combined opinion of a qualified educator and either physician or optometrist, he can benefit from the special education facilities provided partially seeing pupils; or his visual acuity is 20/70 or less in the better eye after correction, and he is able to use vision as the principal means of education.

4. **HEARING IMPAIRED** refers to pupils who have been termed deaf or hard of hearing and whose condition is medically irreversible or requires prolonged medical care. A **DEAF** pupil is one in whom the sense of hearing is non-functional for the ordinary purposes of life. He is either congenitally deaf (was born deaf) or adventitiously deaf (was born with normal hearing but his sense of hearing became non-functional later through illness or accident). A **HARD OF HEARING** pupil is one in whom the sense of hearing, although defective, is functional with or without a hearing aid.

5. A **AN EMOTIONALLY DISTURBED** child, for purposes of special education, is one who after receiving supportive and counseling services available to all students designed to improve learning and adjustment in the regular classroom, is chronically unable to make constructive use of his school experience, as manifested by an inability to develop socially and emotionally, and learn at the same rate as his classmates and who requires the provision of special education services designed to promote his educational, social and emotional growth and development. This definition does not include all children with problems, nor students whose problems are primarily mental retardation, a temporary emotional disturbance due to some identifiable external crisis situation, a condition which required residential hospital treatment, severe physical or sensory handicaps, and ordinary classroom behavior problems or social problems such as delinquency and drug abuse.

6. A **NEUROLOGICALLY IMPAIRED/LEARNING DISABLED** pupil exhibits severe specific defects in perceptual, integrative or expressive processes which severely impair learning efficiency. Neurological impairments/learning disabilities include conditions which have been referred to as perceptual handicaps: brain injury, minimal brain dysfunction, dyslexia and developmental aphasia and may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantages. Neurologically impaired/learning disabled children shall be those who are chronic failures in the regular classroom setting and are seriously deficient in educational skills.

7. A **COMMUNICATION HANDICAPPED** pupil may suffer from disorders of articulation (all the speech deviations based primarily on incorrect production of speech sounds, may they result from organic conditions or be non-organic, or functional in nature. A person who omits sounds in words, substitutes one sound for another in words, and/or distorts speech sounds within a word, exhibits an articulation problem), fluency disorders (stuttering or an abnormal rate of speech), voice disorders (like those of pitch, loudness and quality), and language disorders (difficulties experienced in the use and/or comprehension of linguistic symbols).

8. The general rate of mental development of the **EDUCABLE MENTALLY RETARDED** pupil is approximately two-thirds that of a pupil of average intelligence: he will usually earn an I.Q. of 60-75 on the Stanford-Binet Intelligence Scale. In terms of academic outcomes he has the capability of becoming functionally literate, and for a vocation of participating successfully in the competitive work market without requiring intensive and constant supervision.

9. Approximately three out of every 1,000 school age pupils are **TRAINABLE MENTALLY RETARDED**: they will usually earn an I.Q. of 35-60 on the Stanford-Binet. They have a level of intellectual functioning which precludes an ability to become literate, yet, they can maintain a level of language proficiency and self-care to function semi-independently in society. Most of them ultimately function in a sheltered or supervised work environment requiring little decision-making or diversification.

10. The general capability of mental development of the **SEVERELY-PROFOUNDLY RETARDED** pupil is that he can learn to communicate, can learn elemental health habits, and can profit from systematic habit training. He will usually earn an I.Q. of below 35 on the Stanford-Binet. Some of these children can possibly hold down a closely supervised position in a sheltered work environment while others may not do so, but can develop limited speech and motor skills.

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other
Multiply Handicapped (see other side)	N	1						
	R	2						
	I	3						
Physically Handicapped	N	4						
	R	5						
	I	6						
Visually Handicapped	N	7						
	R	8						
	I	9						
Hearing Impaired	N	10						
	R	11						
	I	12						
Emotionally Disturbed	N	13						
	R	14						
	I	15						
Neurologically Impaired/Learn- ing Disabled	N	16						
	R	17						
	I	18						
Communication Handicapped	N	19						
	R	20						
	I	21						
Educable Mentally Retarded	N	22						
	R	23						
	I	24						
Trainable Mentally Retarded	N	25						
	R	26						
	I	27						
Severely-pro- foundly Men- tally Retarded	N	28						
	R	29						
	I	30						
Other (Handicap Unknown)	N	31						
	R	32						
	I	33						

Matrix for MULTIPLY HANDICAPPED

This matrix must be completed with the data recorded in columns 1, 2 and 3 of the chart on the reverse side of this page. For each pupil who has been counted in any of those 3 columns, an (X) should be marked in the appropriate box. For example, if a child is hearing impaired and communication handicapped, an (X) should be marked in the box which falls in row 5 and column 4. There can be as many (X)'s in a box as are needed to indicate all pupils with those two particular handicaps. In case there are some pupils with more than two handicaps, do not mark them in the boxes. Simply give their number in the space below.

Number of pupils with more than two handicaps _____

		Physically Handicapped	Visually Handicapped	Hearing Impaired	Emotionally Disturbed	Neurologically Impaired/Learning Disabled	Communication Handicapped
		6	5	4	3	2	1
Severely Pro- foundly Men- tally Retarded	8						
Trainable Mentally Retarded	7						
Educable Mentally Retarded	6						
Communication Handicapped	5						
Neurologically Impaired/Learn- ing Disabled	4						
Emotionally Disturbed	3						
Hearing Impaired	2						
Visually Handicapped	1						

La Porte Community School Corp.
La Porte, Indiana 46350

YOUR CONSIDERED OPINIONS AND SUGGESTIONS ABOUT
THE SPECIAL EDUCATION PROGRAMS

(To be completed by the principal)

SECTION A

The following items pertain to students who were in your school during the 1973-1974 academic year. Please give your comments to the following items, by checking the appropriate column:

1. If you had some pupils in any of the "N" sub-rows on the chart, i.e. it was thought that they needed special help, but they were not formally referred for testing, please respond to each of the following alternatives as they applied to those pupils' situations. What do you think were the most frequent reasons that those students were not referred for testing?

	Always A Reason	Usually A Reason	Sometimes A Reason	Never A Reason	Undecided
(a) Lack of parental acceptance, cooperation or consent	_____	_____	_____	_____	_____
(b) The time lag between formal referral and final placement in a special education program	_____	_____	_____	_____	_____
(c) Guidance counselors were overworked	_____	_____	_____	_____	_____
(d) Psychometrists and other clinicians were overworked	_____	_____	_____	_____	_____
(e) Proper physical facilities and teachers for the appropriate special education programs were lacking in the community or were out of reach	_____	_____	_____	_____	_____
(f) Ancillary personnel like aides were overworked	_____	_____	_____	_____	_____
(g) Social stigma of attaching a label to a student for a particular special education program	_____	_____	_____	_____	_____
(h) Other (Please specify)	_____	_____	_____	_____	_____

2. If you had some pupils in any of the "R" sub-rows on the chart, i.e. a formal referral was made for them to be tested to evaluate their handicaps or disabilities, but they were not formally identified for placement, please respond to each of the following alternatives as they applied to those pupils' situations. What do you think were the most frequent reasons that they had not been formally identified?

	Always A Reason	Usually A Reason	Sometimes A Reason	Never A Reason	Undecided
(a) Lack of parental acceptance, cooperation or consent	_____	_____	_____	_____	_____
(b) Time lag between formal referral and final placement in a special education program	_____	_____	_____	_____	_____
(c) Psychometrists were overworked	_____	_____	_____	_____	_____
(d) Other clinicians were overworked	_____	_____	_____	_____	_____
(e) Proper physical facilities and teachers for the appropriate special education program were lacking in the community or were out of reach	_____	_____	_____	_____	_____
(f) Social stigma of attaching a label to a student for a particular special education program	_____	_____	_____	_____	_____
(g) Other (Please specify)	_____	_____	_____	_____	_____

3. If you had some pupils in any of the "I" sub-rows on the chart, i.e. they had been formally identified as special education candidates, but were not placed in special education programs, please respond to each of the following alternatives as they applied to those pupils' situations. What do you think were the most frequent reasons that they had not been placed in special education classes?

Always Usually Sometimes Never Undecided
A Reason A Reason A Reason A Reason

- (a) Lack of parental acceptance, cooperation and consent _____
- (b) Proper physical facilities for the appropriate special education programs were lacking in the community or were out of reach _____
- (c) Teachers for the appropriate special education programs were not available, or were overworked. _____
- (d) Social stigma of attaching a label to a student for a particular special education program _____
- (e) The handicapped/disabled students were doing as well in the regular class as they would in a special education class _____
- (f) Other (Please specify) _____

4. Are you satisfied with:

Yes No Undecided

- (a) The usefulness of definitions of handicaps and disabilities given in Rule S-1 _____
- (b) The procedure of referral, diagnosis and evaluation, final identification of disabilities/handicaps and placement in the appropriate special education program as outlined in Rule S-1 _____
- (c) The procedure of referral, diagnosis and evaluation, final identification of disabilities/handicaps and placement in the special education program, as practiced for the students of your school _____
- (d) The number of guidance counselors available for the students in your school _____
- (e) The number of psychometrists and other clinicians available for the students of your school _____
- (f) The number of special education teachers for different handicaps and disabilities available for the needy students of your school _____
- (g) The physical facilities for different special education programs available for the needy students of your school _____
- (h) Parental acceptance, cooperation and consent to their needy children's testing and diagnosis and final placement in the appropriate special education program _____

5. In your opinion, how much time is taken from the point a need is felt by a teacher/teachers/guidance counselor/parent that a particular student should be referred for evaluation and diagnosis of his possible handicaps/disabilities, to the point when he is finally placed in the appropriate special education program?

1 - 2 months _____

3 - 4 months _____

5 - 6 months _____

7 - 8 months _____

9 or more months _____

6. If you know of any handicapped/disabled children in your school building district who were not receiving educational services as of October 1, 1974, please state their number: (Home-bound instruction from school personnel is an educational service.)

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

SECTION B

8. Did you have special education program/programs in your building during the 1973-74 school year?

Yes _____ No _____

If yes, please answer the following items concerning your programs.
If no, you are asked to ignore the remainder of the questionnaire.

9. Please indicate which programs you had in your school by placing the total number of students in your school that were served by each type of program as of June 1, 1974 in the space beside it. (Do not include students who were transferred to another school for special programs.)

	Full-time Special Classes	Part-time Special classes	Resource Centers	Other
Multiply Handicapped				
Physically Handicapped				
Visually Handicapped				
Hearing Impaired				
Emotionally Disturbed				
Neurologically Impaired/ Learning Disabled				
Communication Handicapped				
Educable Mentally Retarded				
Trainable Mentally Retarded				
Severely-Profoundly Mentally Retarded				

10. How many new students have been placed in your special education programs since September 1974, who were not there in the 1973-74 school year?

_____ students

(Please put a zero in this blank if there were no such students.)

Thank you very much. Please be sure that both the yellow and pink forms have been completed. We greatly appreciate your cooperation.

Project: MERC
Dr. M. Wasi Khan, Director
Lucinda Glentzer, Assistant Director

- FOLD HERE -

From

- FOLD HERE -

To

Dr. M. Wasi Khan, Director
Ms. Lucinda Glentzer, Assistant Director
MODEL EDUCATIONAL RESEARCH CENTER
% Kesling Jr. High School
206 E. 18th Street
La Porte, Indiana 46350

55

Appendix D

Mr. Gilbert A. Bliton's letter.
Questionnaire of 10/7/74.

STATE OF INDIANA

Dr. Harold H. Negley, Superintendent
STATE DEPARTMENT OF PUBLIC INSTRUCTION
ROOM 229 - STATE HOUSE
AREA CODE 317-633-6610



INDIANAPOLIS 46204

Division of Special Education
120 West Market Street - 10th Floor
Indianapolis, Indiana 46204
Phone: (317) 633-4763

August 19, 1974

Superintendent

Indiana

Dear Superintendent :

As an outcome of Rule S-1, school districts are now serving many more students and in different ways than they have been in the past. We wish to inform the Indiana Legislative Council of these increased responsibilities. To this end, we have asked the Model Education Research Center (Project M.E.R.C. - see enclosed brochure) in LaPorte, Indiana, to conduct a survey of needs in the area of Special Education.

The M.E.R.C. staff will be contacting you concerning the specifics of the survey. You will receive a short questionnaire while a sample of psychometrists and special education directors will be interviewed, and others in these capacities will also receive questionnaires.

We would like for you to understand that all information in this survey will be combined to yield state or regional statistics. No one school district will be singled out when the results are finalized.

You are encouraged to cooperate fully with the M.E.R.C. staff in this survey and your participation is appreciated.

Sincerely,

A handwritten signature in dark ink, appearing to read "Gilbert A. Bliton".

Gilbert A. Bliton, Director
Division of Special Education

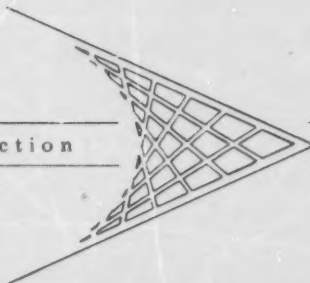
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MODEL EDUCATIONAL RESEARCH CENTER

MERC

Indiana State Department of Public Instruction

ESEA Title III



La Porte Community School Corp.
La Porte, Indiana 46350

October 7, 1974

Dear Administrator of Special Education:

By this time you should have received a copy of our brochure. We are conducting a state-wide study in the area of Special Education which is intended to help the decision-makers take steps to promote and strengthen special education programs in Indiana. The first phase of this study is a survey to determine the number of pupils who received or should have received special education services last year. We are asking you to help us determine these numbers.

In order to get this information, we are asking each Administrator of Special Education in the state to complete both the yellow and blue forms and to return them to us in the enclosed self-addressed, stamped envelope. You are strongly encouraged to respond as quickly as possible, so that your return reaches us no later than Thursday, October 17, 1974. A similar questionnaire is being sent to each school. The principals have been asked not to contact you concerning completion of their questionnaires.

The following white sheet contains instructions for completion of the blue and yellow forms. Please read these instructions very carefully before completing the two forms.

We cannot overstate the importance and value of your data. It will greatly assist us in planning expansion and improvements in special education programs for the thousands of handicapped children in Indiana. Thank you very much for your cooperation.

Sincerely,

Dr. M. Wasi Khan

Dr. M. Wasi Khan, Director

Lucinda Glentzer

Lucinda Glentzer, Asst. Director

Instructions

There are two forms which we are asking you to complete. The first is a yellow form for those children who were not in special education programs last year, but who needed special education services. There is also a blue form for those children who were receiving special education services last year. Please take note that the figures on both the forms are for the 1973-1974 school year (last year) as of June 1, 1974.

Completing the yellow form:

Looking at the yellow form entitled "NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS", you will notice that there is a space for "Position". Please ignore it. On the form you will notice 6 columns indicating the students' ages in years (not their grade level). There are 11 main rows indicating handicaps/disabilities. Each main row contains 3 sub-rows. In this chart we want you to place the number of students in your district last year who fall into these categories. You may find instances where you are unable to determine into which category a child should be placed. In that case, place him in the row labeled "Other".

The N, R and I sub-rows indicate how far through the process of identification and placement in special education a student had come by June 1, 1974.

- (N) - Needed Special Help - These are the students who were not functioning normally in the regular classroom, but had not been formally referred for the purposes of testing and diagnosis for placement in special education programs. It may be difficult to label the disability for these pupils.
- (R) - Formally Referred - These students had been referred for testing, but had not been approved by case conference. This column includes students who as of June 1, 1974,
 - (a) had been tested, but not yet approved by case conference,
 - (b) were awaiting testing,
 - (c) were referred, but parents did not consent to testing, and so on.
- (I) - Formally Identified by Case Conference But Not Placed in the Appropriate Special Education Program - These students had been referred for testing, tested, and a case conference has been held for them. They had been identified as special education candidates, but had not been placed in special education programs.

Please note that these N, R and I groups are not overlapping, i.e. if a student had a need and had been referred but not identified, he falls into the R group, but is not an N, since he had already been referred. Please try to complete the R and I sub-rows

as accurately as possible. We realize that it is very difficult for an administrator of Special Education to complete the N sub-rows accurately, but do note any children you know or can think of who fall into the N sub-rows.

You will notice that rows 1, 2 and 3 pertain to the multiply handicapped: those with two or more handicapping conditions. Each pupil who is added to these three columns must also be marked in the matrix on the reverse side of the yellow form. The directions for the matrix are on that page.

Completing the blue form:

The blue form is to be completed for only those students who were being served last year. There are 13 main rows indicating programs, each having 4 sub-rows indicating types of programs. There are 6 columns indicating age in years. This form is similar to Form 24, and you may want to refer to that form in completing this blue form.

Please complete the form only for those students served in special education programs by your organization. If, for instance, co-op 1 transfers their deaf students to co-op 2 for special programs, co-op 1 would leave the row for deaf students blank, while co-op 2 would place the total number of deaf students they served from both co-ops in the appropriate spaces on the chart. Similarly, a co-op serving only low incidence exceptionalities would only place totals in the low incidence rows.

There is a matrix for multiply handicapped on the reverse side of the blue form. It is similar to the matrix on the reverse side of the yellow form, and should be completed in the same manner, but for those who were served last year.

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other
Multiply Handicapped (see other side)	N	1						
	R	2						
	I	3						
Physically Handicapped	N	4						
	R	5						
	I	6						
Visually Handicapped	N	7						
	R	8						
	I	9						
Hearing Impaired	N	10						
	R	11						
	I	12						
Emotionally Disturbed	N	13						
	R	14						
	I	15						
Neurologically Impaired/Learn- ing Disabled	N	16						
	R	17						
	I	18						
Communication Handicapped	N	19						
	R	20						
	I	21						
Educable Mentally Retarded	N	22						
	R	23						
	I	24						
Trainable Mentally Retarded	N	25						
	R	26						
	I	27						
Severely-pro- foundly Men- tally Retarded	N	28						
	R	29						
	I	30						
Other (Handicap Unknown)	N	31						
	R	32						
	I	33						

Matrix for MULTIPLY HANDICAPPED

This matrix must be completed with the data recorded in columns 1, 2 and 3 of the chart on the reverse side of this page. For each pupil who has been counted in any of those 3 columns, an (X) should be marked in the appropriate box. For example, if a child is hearing impaired and communication handicapped, an (X) should be marked in the box which falls in row 5 and column 4. There can be as many (X)'s in a box as are needed to indicate all pupils with those two particular handicaps. In case there are some pupils with more than two handicaps, do not mark them in the boxes. Simply give their number in the space below.

Number of pupils with more than two handicaps _____

		Physically Handicapped	Visually Handicapped	Hearing Impaired	Emotionally Disturbed	Neurologically Impaired/Learn- ing Disabled	Communication Handicapped
		6	5	4	3	2	1
Severely Pro- foundly Men- tally Retarded	8						
Trainable Mentally Retarded	7						
Educable Mentally Retarded	6						
Communication Handicapped	5						
Neurologically Impaired/Learn- ing Disabled	4						
Emotionally Disturbed	3						
Hearing Impaired	2						
Visually Handicapped	1						

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, RECEIVING SPECIAL EDUCATION SERVICES DURING 1973-74 SCHOOL YEAR

* Other may include itinerant teachers, special consultation, etc.

			Pre-pri mary 0-6 years old	Primary 7-9 years old	Intermed- iate 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old
Multiply Handicapped (See other side)	Special Class Full Time	1					
	Special Class Part Time	2					
	Resource Center	3					
	Other *	4					
Physically Handicapped	Special Class Full Time	5					
	Special Class Part Time	6					
	Resource Center	7					
	Other *	8					
Blind	Special Class Full Time	9					
	Special Class Part Time	10					
	Resource Center	11					
	Other *	12					
Partially Seeing	Special Class Full Time	13					
	Special Class Part Time	14					
	Resource Center	15					
	Other *	16					
Deaf	Special Class Full Time	17					
	Special Class Part Time	18					
	Resource Center	19					
	Other *	20					
Hard of Hearing	Special Class Full Time	21					
	Special Class Part Time	22					
	Resource Center	23					
	Other *	24					
Emotionally Disturbed	Special Class Full Time	25					
	Special Class Part Time	26					
	Resource Center	27					
	Other *	28					
Neurologically Impaired/ Learning Disabled	Special Class Full Time	29					
	Special Class Part Time	30					
	Resource Center	31					
	Other *	32					
Communication Handicapped	Special Class Full Time	33					
	Special Class Part Time	34					
	Resource Center	35					
	Other *	36					
Educable Mentally Retarded	Special Class Full Time	37					
	Special Class Part Time	38					
	Resource Center	39					
	Other *	40					
Trainable Mentally Retarded	Special Class Full Time	41					
	Special Class Part Time	42					
	Resource Center	43					
	Other *	44					
Severely- Profoundly Mentally Retarded	Special Class Full Time	45					
	Special Class Part Time	46					
	Resource Center	47					
	Other *	48					
Other (Please specify)	Special Class Full Time	49					
	Special Class Part Time	50					
	Resource Center	51					
	Other *	52					

Matrix for MULTIPLY HANDICAPPED

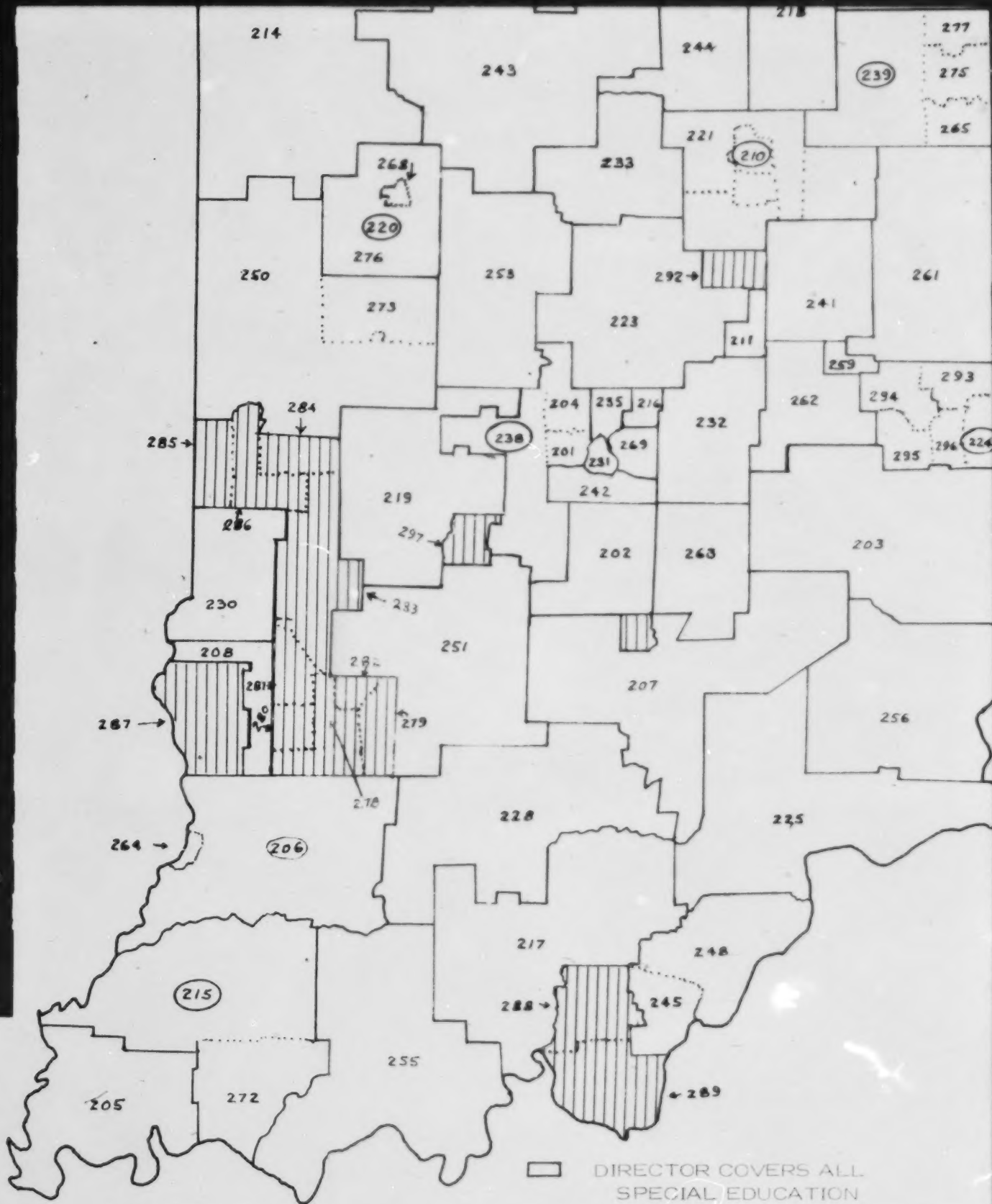
This matrix must be completed with the data recorded in columns 1, 2 and 3 of the chart on the reverse side of this page. For each pupil who has been counted in any of those 3 columns, an (X) should be marked in the appropriate box. For example, if a child is hearing impaired and communication handicapped, an (X) should be marked in the box which falls in row 5 and column 4. There can be as many (X)'s in a box as are needed to indicate all pupils with those two particular handicaps. In case there are some pupils with more than two handicaps, do not mark them in the boxes. Simply give their number in the space below.

Number of pupils with more than two handicaps _____

		Physically Handicapped	Visually Handicapped	Hearing Impaired	Emotionally Disturbed	Neurologically Impaired/Learning Disabled	Communication Handicapped
		6	5	4	3	2	1
Severely Pro-foundly Men-tally Retarded	8						
Trainable Mentally Retarded	7						
Educable Mentally Retarded	6						
Communication Handicapped	5						
Neurologically Impaired/Learn-ing Disabled	4						
Emotionally Disturbed	3						
Hearing Impaired	2						
Visually Handicapped	1						

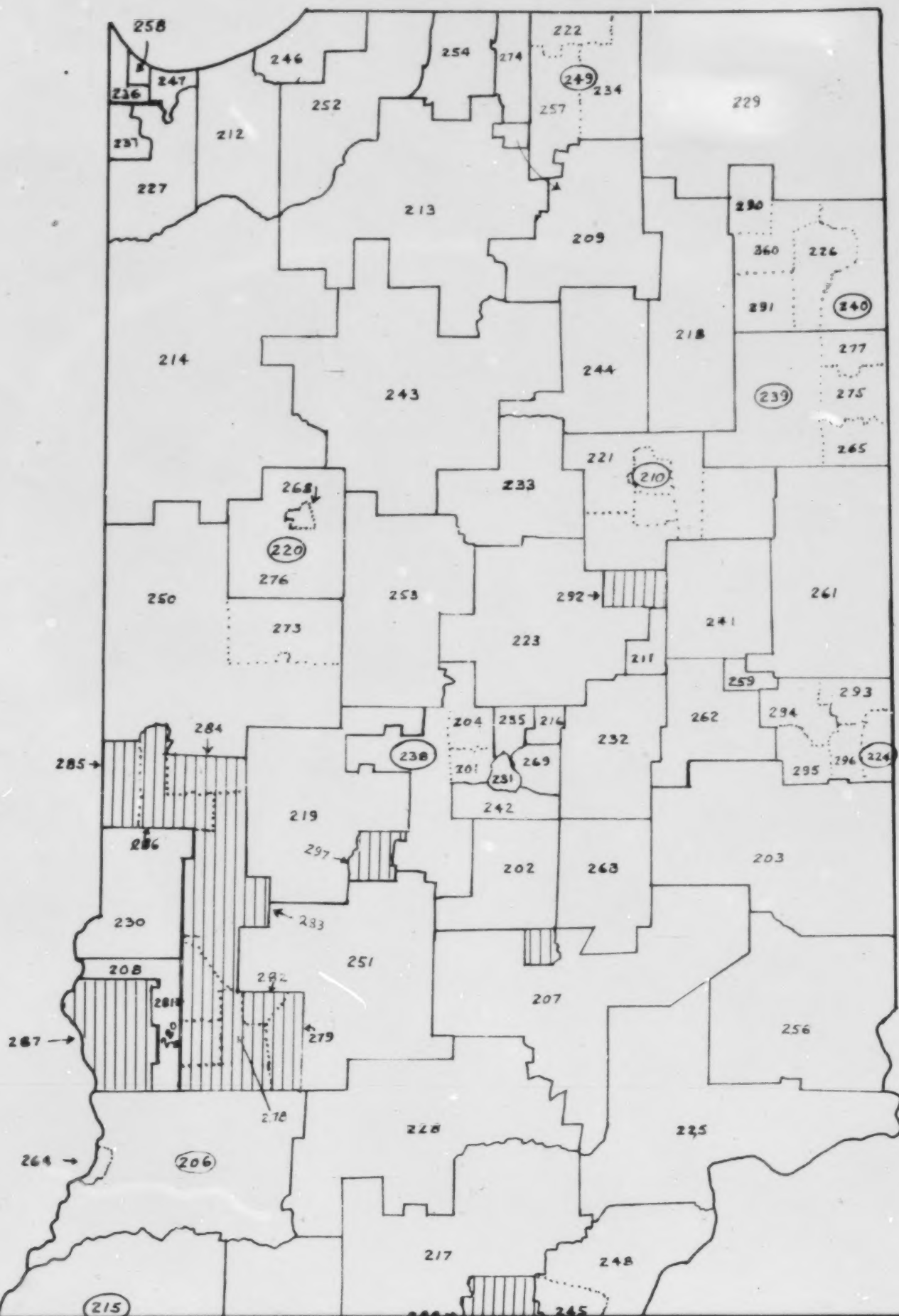
Appendix E

Map of Indiana with Special
Education Divisions, and the
List of Administrative Divisions
of Special Education by School
Corporation Number.



MERC

-  DIRECTOR COVERS ALL SPECIAL EDUCATION
-  NO SPECIAL EDUCATION DIRECTOR
-  DIRECTORS WHO COVER LOW-INCIDENCE CASES



ADMINISTRATIVE DIVISIONS OF SPECIAL EDUCATION
by School Corporation Number

REGION 1

East Allen County Schools

0125, 0225, 0235, 0255, 8625

Elkhart County Special Education Co-op

2155, 2260, 2270, 2275, 2285, 2305, 2315

Hammond City Schools

4710

Joint Educational Services in Special Education

2645, 5455, 5470, 5485, 5495, 7150, 7215, 7495, 7515, 7525

Michigan City Area Schools

4925

North Central Indiana Special Education Co-op

4345, 4415, 4445, 4455, 5480

Northeast Indiana Special Education Co-op

1805, 1820, 1835, 4515, 4525, 4535, 6055, 6060, 6065,
7605, 7610, 7615

Northwest Indiana Special Education Co-op

4580, 4590, 4600, 4645, 4650, 4660, 4680, 4700, 4720, 4730

Porter County Special Education Co-op

6460, 6470, 6490, 6510, 6520, 6530, 6540, 6550, 6560

School City of East Chicago

4670

School City of Gary

4690

School City of Mishawaka

7175, 7200

South Bend Community School Corporation

7205

South La Porte County Special Education Co-op

4770, 4790, 4805, 4860, 4880, 4940, 4945

West Lake County Special Education Co-op
4615, 4740

REGION 2

Adams-Weils Special Education Co-op
0015, 0025, 0035, 8425, 8435, 8445

Boone-Clinton County Joint Services
0615, 0665, 1150, 1160, 1170, 1180

Grant-Blackford Special Education Co-op
0515, 2825, 2855, 2865, 5625, 2815

Howard County Special Education Co-op
3460, 3470, 3480, 3490, 3500, 5615, 7935

Huntington-Whitley Special Education Co-op
3625, 8580, 8590, 8600, 8630, 8640, 8650, 8665

Logansport Area Special Education Co-op
0750, 0755, 0775, 0815, 0875, 2640, 2650, 5620, 6620, 8565

Rensselaer Area Special Education Co-op
0395, 3785, 3815, 5945, 5995, 6630, 8525, 8535

Tippecanoe County Special Education Co-op
7855, 7865, 7875

Wabash-Miami Area Program for Exceptional Children
5635, 8045, 8050, 8060

West Central Indiana Special Education Co-op
2435, 2440, 2455, 5835, 5845, 5855, 6810, 8010, 8115

REGION 3

Anderson Community Schools
5275

Blue River Valley School Corporation
3405

Delaware County Special Education Co-op
1875, 1885, 1895, 1900, 1910, 1940, 1970

Vigo County Community School Corporation
8030

West Central Special Education Co-op
0630, 3305, 3315, 3325, 3330, 5350, 5375, 5400, 5900,
5930

REGION 4

Bartholomew-Decatur Special Education Co-op
0365, 0670, 1655, 1730, 3675, 3710

Clark County Special Education Co-op
0940, 1000, 1010

Daviess-Knox-Martin Special Education Co-op
4315, 4325, 4335, 1315, 1375, 1405, 5525

Dubois-Spencer-Perry Special Education Co-op
2040, 2100, 2110, 2120, 6325, 6340, 6350, 7385, 7445

Floyd-Harrison Special Education Co-op
2400, 3160

Gibson-Pike-Warrick Special Education Co-op
2725, 2735, 2765, 6445, 8130

Lawrence, Orange, Jackson Joint Services
3640, 3695, 5075, 5085, 5520, 6145

Monroe County Community School Corporation
2940, 5705, 5740, 5925, 6195

South Central Area Special Education Co-op
1300, 6155, 6160, 8205, 8215, 8220

Ripley-Ohio-Dearborn Special Education Co-op
1560, 1600, 1620, 6080, 6865, 6895, 6900, 6910

Special Services Unit Madison State Hospital
3995, 4000, 4015, 7230, 7255, 7775

Vanderburgh-Posey Special Education Co-op
6590, 6600, 6610, 7995

East Central Special Education Co-op
2395, 2475, 6995, 7950

Hamilton-Boone-Madison-Tipton Special Services
3005, 3025, 3030, 3055, 3060, 3070, 5245, 5280, 7945

Hancock-South Madison Joint Services
3115, 3125, 3135, 3145, 5255

Indianapolis Public Schools
5385

Jay Randolph Special Education Co-op
3945, 6605, 6795, 6820, 6825, 6835

Johnson County Special Services
4145, 4205, 4215, 4225, 4240, 4245, 4255

MSD of Lawrence Twp.
5330

MSD of Warren Twp.
5360

MSD of Washington Twp.
5370

New Castle Community Schools
3415, 3435, 3445, 3455

Northeast School Corporation
7645

Putnam-West Hendricks Special Education Co-op
3295, 3335, 6705, 6715, 6750, 6755

Richmond Community School Corporation
8305, 8355, 8360, 8375, 8385

R.I.S.E. Special Services
5300, 5310, 5340, 5380

Shelby County Special Education Co-op
0370, 7285, 7350, 7360, 7365

REGION 5

Alexandria Community School Corporation
5265

Bloomfield School District
2920

Clay Community Schools
1125

Eminence Consolidated School Corporation
5910

Greene County Schools
2930, 2970 *

Linton-Stockton School Corporation
2950

MSD Shakamak Schools
2960

North Central Community School Corporation
3180

Rockville Community Schools
6300

South Harrison School Corporation
3190

South Vermillion Community School Corporation
8020

Southwest Parke Community School Corporation
6260

Southwest School Corporation of Sullivan County
7715

Worthington-Jefferson Consolidated School Corporation
2980

Appendix F

Follow-up Card of 10/25/74
Follow-up Letter of 11/11/74 sent
to the Principals
Follow-up Letters of 11/22/74 and
12/17/74 sent to the Directors and
Administrators of Special Education.

Study of Special Education
Needs and Programs in the
State of Indiana

Model Educational Research Center
c/o Kesling Junior High School
306 East 18th Street
La Porte, Indiana 46350

October 25, 1974

Dear Principal:

Although we mailed a questionnaire to you for the Special Education Needs Study on October 1, 1974, you may have received it very late because of some mailing problems. However, we need the data from your school very urgently. Please fill out the yellow and pink forms of our questionnaire according to the accompanying instructions and send them to us just as soon as possible. We greatly appreciate your cooperation.

If we do not receive your return in the next 10 days, we will assume that for some reason you need a second copy of the questionnaire in order to respond and it will be mailed to you promptly.

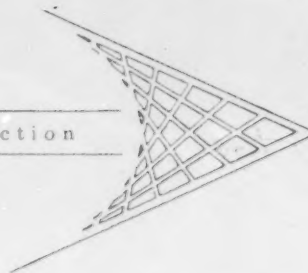
Sincerely,

Dr. M. W. Khan

Dr. M. Wasi Khan, Director

Lucinda L. Glentzer

Lucinda L. Glentzer, Asst. Director



La Porte Community School Corp.
La Porte, Indiana 46350

November 11, 1974

Dear Principal:

This is in continuation of the follow-up card we sent you on October 25, 1974. In that card we wrote to you that if we did not receive your response in the next 10 days, we would send you a second copy of the questionnaire. This reflects the extreme importance of your data for us and explains the urgency of our getting it.

As we wrote to you earlier, we are conducting a state-wide study in the area of Special Education which is intended to help the decision-makers take steps to promote and strengthen special education programs in Indiana. The first phase of this study is a survey to determine the number of pupils who should have received special education services last year but did not. What we are asking you is to help us determine this number.

In order to get this information, we are asking each school in the state to complete our questionnaire by following these six steps:

- | | |
|-----------------------------|----------------------------------|
| 1) Complete the yellow form | 4) Refold questionnaire so that |
| 2) Complete the pink form | MERC address is showing |
| 3) Insert the yellow sheet | 5) Staple the questionnaire once |
| into folded pink sheet | 6) Return it by mail |

You are strongly encouraged to respond as quickly as possible, so that your return reaches us no later than Monday, November 18, 1974.

One questionnaire is being sent to each school. Please have the yellow form completed by the person (or persons) who best knows the information needed. This may be yourself, your guidance counselors, the school nurse, or other staff member, but it should be someone in your school. Special Education Directors need not be contacted, as they will also be completing this form, as well as others. You, as principal, should complete the pink form, regardless of who helps in completing the yellow form.

The following white sheet contains instructions for completion of the questionnaire on one side, and the definitions of handicaps and disabilities from Rule S-1 on the other side. Please read these instructions and definitions very carefully before completing the yellow and pink forms.

We cannot overstate the importance and value of your data and opinions. It will greatly assist us in planning improvements of special education programs for the thousands of handicapped children in Indiana. Thank you very much for your cooperation.

Sincerely,

Lucinda G. Glentzer

Lucinda Glentzer, Asst. Director

M. W. Khan

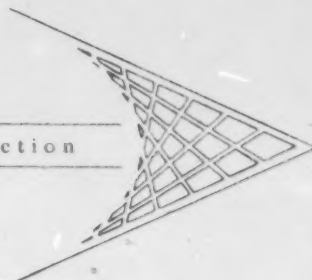
Dr. M. Wasi Khan, Director

MODEL EDUCATIONAL RESEARCH CENTER

MERC

Indiana State Department of Public Instruction

ESEA Title III



La Porte Community School Corp.
La Porte, Indiana 46350

November 22, 1974

Dear Administrator of Special Education:

We are conducting a state-wide study in the area of Special Education. We are contacting you again concerning this survey because we have not yet received your response to our questionnaire.

Enclosed you will find a second copy of this questionnaire. Please complete both the yellow and blue forms and return them to us in the enclosed self-addressed, stamped envelope. You are strongly encouraged to respond as quickly as possible, so that your return reaches us no later than Monday, December 2, 1974.

The following white sheet contains instructions for completion of the blue and yellow forms. Please read these instructions very carefully before completing the two forms.

We hope this second mailing will indicate the importance and value of your data. It will greatly assist us in planning expansion and improvements in special education programs for the thousands of handicapped children in Indiana. Thank you very much for your cooperation.

Sincerely,

Dr. M. Wasi Khan

Dr. M. Wasi Khan, Director

Lucinda G. Glentzer

Lucinda Glentzer, Asst. Director

MODEL EDUCATIONAL RESEARCH CENTER
MERC

Indiana State Department of Public Instruction

ESEA Title III

La Porte Community School Corp.
La Porte, Indiana 46350

December 17, 1974

Dear Dr. _____

We are sorry to bother you again, but we urgently need your help. We are sending you another copy of our questionnaire of the statewide Study of Special Education Needs and Programs. We need the data of your administrative jurisdiction to complete a report which in its final form we should submit to the Indiana Department of Public Instruction.

Please fill out the yellow and blue forms and return them to us in the enclosed self-addressed stamped envelope, as soon as possible.

Your cooperation is greatly appreciated.

Sincerely,
Dr. Wan Khan
Cindy Glatzer

for 177

Appendix G

List of Indiana School Districts
by region and community type.

INDIANA SCHOOL CORPORATIONS, by Regions and Community Types, 1974

01 ADAMS COUNTY			13 CRAWFORD COUNTY	
0015 Adams Central Comm. Schs.	NC-R*		1300 Crawford Co. Comm.Sch.Corp.	S-R
0025 North Adams Comm. Schs.	NC-R			
0035 South Adams Schs.	NC-R		14 DAVIESS COUNTY	
02 ALLEN COUNTY			1315 Barr-Reeve Comm. Schs., Inc.	S-R
0125 M.S.D. of Southwest Allen Co.	N-R		1375 North Daviess Co.Comm.Schs.	S-R
0225 Northwest Allen Co. Schs.	N-U		1405 Washington Comm. Schs.	S-LT
0235 Fort Wayne Comm. Schs.	N-U			
0255 East Allen Co. Schs.	N-SU		15 DEARBORN COUNTY	
03 BARTHOLOMEW COUNTY			1560 Sunman-Dearborn Comm. Schs.	S-R
0365 Bartholomew Cons. Sch. Corp.	S-SC		1600 South Dearborn Comm.Sch.Corp.	S-R
0370 Flat Rock-Hawcreek Sch.Corp.	C-R		1620 Lawrenceburg Comm. Sch. Corp.	S-R
04 BENTON COUNTY			16 DECATUR COUNTY	
0395 Benton Comm. Sch. Corp.	NC-R		1655 Decatur Co. Comm. Schs.	S-R
05 BLACKFORD COUNTY			1730 Greensburg Comm. Schs.	S-R
0515 Blackford Co. Schs.	NC-R		17 DEKALB COUNTY	
06 BOONE COUNTY			1805 Dekalb Co.Eastern Comm.Schs.	N-R
0615 Western Boone Co. Comm. Schs.	NC-R		1820 Garrett-Keyser-Butler Comm.Schs.	N-R
0630 Eagle-Union Comm.Sch.Corp.	C-R		1835 Dekalb Co.Central United Sch.	
0665 Lebanon Comm. Sch. Corp.	NC-R			Dist. N-R
07 BROWN COUNTY			18 DELAWARE COUNTY	
0670 Brown Co. Sch. Corp.	S-R		1875 Delaware M.S.D.	C-R
08 CARROLL COUNTY			1885 Harrison-Washington Comm. Sch.	
0750 Carroll Cons. Sch. Corp.	NC-R			Corp. C-R
0755 Delphi Comm. Sch. Corp.	NC-R		1895 Liberty-Perry Comm.Sch.Corp.	C-R
09 CASS COUNTY			1900 Monroe Comm. Sch. Corp.	C-R
0775 Pioneer Regional Sch. Corp.	NC-R		1910 Mt. Pleasant Twp.Comm.Schs.	C-R
0815 Southeastern Sch. Corp.	NC-R		1940 Salem Comm. Schs.	C-R
0875 Logansport Comm. Sch. Corp.	NC-LT		1970 Muncie Comm. Sch. Corp.	C-U
10 CLARK COUNTY			19 DUBOIS COUNTY	
0940 West Clark Comm. Schs.	S-R		2040 Northeast Dubois Co. Sch.Corp.	S-R
1000 Clarksville Comm. Sch. Corp.	S-U		2100 Southeast Dubois Co.Sch.Corp.	S-R
1010 Greater Clark Co. Schs.	S-U		2110 Southwest Dubois Co.Sch.Corp.	S-R
11 CLAY COUNTY			2120 Greater Jasper Cons. Schs.	S-R
1125 Clay Comm. Schs.	C-F		20 ELKHART COUNTY	
12 CLINTON COUNTY			2155 Fairfield Comm. Schs.	N-R
1150 Clinton Central Sch. Corp.	NC-R		2260 Baugo Comm. Schs.	N-R
1160 Clinton Prairie Sch. Corp.	NC-R		2270 Concord Comm. Schs.	N-SU
1170 Comm. Schs. of Frankfort	NC-LT		2275 Middlebury Comm. Schs.	N-R
1180 Rossville Cons. Sch. Dist.	NC-R		2285 Wa Nee Comm. Schs.	N-R
			2305 Elkhart Comm. Schs.	N-SC
			2315 Goshen Comm. Schs.	N-LT
			21 FAYETTE COUNTY	
			2395 Fayette C. Sch. Corp.	C-LT

- 22 FLOYD COUNTY
2400 New Albany-Floyd Co.Cons. Schs. S-U
- 23 FOUNTAIN COUNTY
2435 Attica Cons. Sch. Corp. NC-R
2440 Southeast Fountain Sch.Corp.NC-R
2455 Covington Comm.Sch.Corp. NC-R
- 24 FRANKLIN COUNTY
2475 Franklin Co.Comm.Sch.Corp. C-R
- 25 FULTON COUNTY
2645 Rochester Comm. Sch. Corp. N-R
2650 Caston Sch. Corp. NC-R
- 26 GIBSON COUNTY
2725 East Gibson Sch. Corp. S-R
2735 North Gibson Sch. Corp. S-R
2765 South Gibson Sch. Corp. S-R
- 27 GRANT COUNTY
2815 Eastbrook Comm. Sch. Corp. NC-R
2825 Madison-Grant United Sch. Corp. NC-R
2855 Mississinewa Comm. Schs. NC-R
2865 Marion Comm. Schs. NC-SC
- 28 GREENE COUNTY
2960 M.S.D. of Shakamak C-R
- 29 HAMILTON COUNTY
3005 Hamilton Southeastern Sch. Corp. C-R
3025 Hamilton Heights Sch.Corp. C-R
3030 Westfield-Washington Schs. C-R
3055 Marion-Adams Schs. C-R
3060 Carmel Clay Schs. C-R
3070 Noblesville Schs. C-R
- 30 HANCOCK COUNTY
3115 Southern Hancock Co.Comm. Schs. C-R
3125 Greenfield-Central Comm. Sch. Corp. C-R
3135 Mt. Vernon Comm.Sch.Corp. C-R
3145 Comm.Sch.Corp. of Eastern Hancock C-R
- 31 HARRISON COUNTY
3180 North Central Comm.Sch.Corp. S-R
- 32 HENDRICKS COUNTY
3295 North West Hendricks Schs. C-R
3305 Brownsburg Comm. Sch. Corp. C-R
3315 Avon Comm. Sch. Corp. C-R
3325 Danville Comm. Sch. Corp. C-R
3330 Plainfield Comm. Sch. Corp. C-R
3335 Mill Creek Comm. Sch. Corp. C-R
- 33 HENRY COUNTY
3405 Blue River Valley Schs. C-R
3415 South Henry Sch. Corp. C-R
3435 Northwestern Sch. Corp. of Henry Co. C-R
3445 New Castle Comm. Sch. Corp. C-SC
3455 Charles A. Beard Memorial Sch. Corp. C-R
- 34 HOWARD COUNTY
3460 Taylor Comm. Schs. NC-R
3470 Northwestern Sch. Corp. NC-R
3480 Eastern Howard Comm.Sch.Corp.NC-R
3490 Western Sch. Corp. NC-R
3500 Kokomo-Center Twp. Cons. NC-SC
- 35 HUNTINGTON COUNTY
3625 Huntington Co.Comm.Sch.Corp.NC-LT
- 36 JACKSON COUNTY
3675 Seymour Comm. Schs. S-LT
- 37 JASPER COUNTY
3785 Kankakee Valley Sch. Corp. NC-R
3815 Rensselaer Central Sch.Corp.NC-R
- 38 JAY COUNTY
3945 The Jay Sch. Corp. C-R
- 39 JEFFERSON COUNTY
4000 Southwestern Jefferson Co.Cons.S-R
- 40 JENNINGS COUNTY
4015 Jennings Co. Sch. Corp. S-R
- 41 JOHNSON COUNTY
4145 Clark-Pleasant Comm.Sch.Corp.C-R
4205 Center Grove Comm.Sch.Corp. C-R
4215 Ellettsburg Comm. Sch. Corp. C-R
4225 Franklin Comm. Sch. Corp. C-LT
4245 Greenwood Comm. Sch. Corp. C-LT
4255 Nineveh-Hensley-Jackson United Sch. Corp. C-R

42 KNOX COUNTY

4315 North Knox Sch. Corp. S-R
 4325 South Knox Sch. Corp. S-R
 4335 Vincennes Comm. Sch. Corp. S-LT

43 KOSCIUSKO COUNTY

4345 Lakeland Comm. Sch. Corp. N-R
 4415 Warsaw Comm. Sch. Corp. N-R
 4445 Tippecanoe Valley Sch. Corp. N-R
 4455 Whitko Comm. Sch. Corp. N-R

44 LAGRANGE COUNTY

4515 Prairie Heights Comm. Sch. Corp. N-R
 4525 Westview Sch. Corp. N-R
 4535 Lakeland Sch. Corp. N-R

45 LAKE COUNTY

4580 Hanover Comm. Sch. Corp. N-R
 4600 Ross Twp. Sch. Corp. N-SU
 4615 Lake Central Sch. Corp. N-R
 4645 Tri-Creek Sch. Corp. N-R
 4650 Lake Ridge Schs. N-SU
 4660 Crown Point Comm. Sch. Corp. N-LT
 4670 Sch. City of East Chicago N-U
 4690 Gary Comm. Sch. Corp. N-U
 4700 Griffith Public Schs. N-SU
 4710 Sch. City of Hammond N-U
 4720 Sch. Town of Highland N-SU
 4730 Sch. City of Hobart N-SU
 4740 Sch. Town of Munster N-SU
 4760 Sch. City of Whiting N-U

46 LA PORTE COUNTY

4805 New Prairie United Sch. Corp. N-R
 4925 Michigan City Area Schs. N-SC
 4945 La Porte Comm. Sch. Corp. N-SC

47 LAWRENCE COUNTY

5075 North Lawrence Comm. Schs. S-LT
 5085 Mitchell Comm. Schs. S-R

48 MADISON COUNTY

5245 West Central Comm. Sch. Corp. C-R
 5255 South Madison Comm. Sch. Corp. C-R
 5265 Alexandria Comm. Sch. Corp. C-R
 5275 Anderson Comm. Schs. C-U
 5280 Elwood Comm. Sch. Corp. C-LT

49 MARION COUNTY

5300 M.S.D. of Decatur Twp. C-SU
 5310 Franklin Twp. Comm. Sch. Corp. C-SU
 5330 M.S.D. of Lawrence Twp. C-SU
 5340 M.S.D. of Perry Twp. C-SU
 5350 M.S.D. of Pike Twp. C-SU
 5360 M.S.D. of Warren Twp. C-SU
 5370 M.S.D. of Washington Twp. C-SU
 5375 M.S.D. of Wayne Twp. C-SU
 5380 Beech Grove City Schs. C-SU
 5385 Indianapolis Public Schs. C-U
 5400 School Town of Speedway C-SU

50 MARSHALL COUNTY

5455 Culver Comm. Sch. Corp. N-R
 5470 Argos Comm. Schs. N-R
 5480 Bremen Public Schs. N-R
 5485 Plymouth Comm. Sch. Corp. N-R
 5495 Triton Sch. Corp. N-R

51 MARTIN COUNTY

5520 Shoals Comm. Sch. Corp. S-R
 5525 Loogootee Comm. Sch. Corp. S-R

52 MIAMI COUNTY

5615 Maconaquah Sch. Corp. NC-R
 5620 North Miami Cons. Sch. Dist. NC-R
 5625 Oak Hill United Schs. NC-R
 5635 Peru Comm. Schs. NC-LT

53 MONROE COUNTY

5705 Richland-Bean Blossom Comm. Schs. S-R
 5740 Monroe Co. Comm. Sch. Corp. S-SC

54 MONTGOMERY COUNTY

5835 North Montgomery Comm. Schs. NC-R
 5845 South Montgomery Comm. Sch. Corp. NC-R
 5855 Crawfordsville Comm. Sch. Corp. NC-LT

55 MORGAN COUNTY

5925 M.S.D. of Martinsville Schs. S-R
 5930 Mooresville Cons. Sch. Corp. C-R

56 NEWTON COUNTY

5945 North Newton Sch. Corp. NC-R
 5995 South Newton Sch. Corp. NC-R

57 NOBLE COUNTY

6055 Central Noble Comm. Sch. Corp. N-R
 6060 East Noble Sch. Corp. N-R
 6065 West Noble Sch. Corp. N-R

58 OHIO COUNTY		
6080 Rising Sun-Ohio Co. Comm.		
Sch. Corp.	S-R	
59 ORANGE COUNTY		
6145 Orleans Comm. Schs.	S-R	
6155 Paoli Comm. Schs.	S-R	
6160 Springs Valley Comm. Schs.	S-R	
60 OWEN COUNTY		
6195 Spencer-Owen Comm. Schs.	S-R	
61 PARKE COUNTY		
6260 Southwest Parke Comm. Sch.		
Corp.	C-R	
6300 Rockville Cons. Schs.	C-R	
6310 Turkey Run Cons. Sch. Dist.	NC-R	
62 PERRY COUNTY		
6325 Perry Central Comm. Sch. Corp.	S-R	
63 PIKE COUNTY		
6445 Pike Co. Sch. Corp.	S-R	
64 PORTER COUNTY		
6470 Duneland Sch. Corp.	N-R	
6550 Portage Twp. Schs.	N-SU	
65 POSEY COUNTY		
6590 M.S.D. of Mt. Vernon	S-R	
66 PULASKI COUNTY		
6620 Eastern Pulaski Comm. Sch.		
Corp.	NC-R	
6630 West Central Sch. Corp.	NC-R	
67 PUTNAM COUNTY		
6705 South Putnam Comm. Schs.	C-R	
6715 North Putnam Comm. Sch. Corp.	C-R	
6750 Cloverdale Comm. Schs.	C-R	
6755 Greencastle Comm. Schs.	C-R	
68 RANDOLPH COUNTY		
6795 Union Sch. Corp.	C-R	
6805 Randolph Southern Sch. Corp.	C-R	
6820 Monroe Central	C-R	
6825 Randolph Central	C-R	
6835 Randolph Eastern Sch. Corp.	C-R	
69 RIPLEY COUNTY		
6865 South Ripley Comm. Sch. Corp.	S-R	
6895 Batesville Comm. Sch. Corp.	S-R	
6900 Jac-Cen-Del Sch. Corp.	S-R	
6910 Milan Comm. Schs.	S-R	
70 RUSH COUNTY		
6995 Rushville Cons. Schs.	C-R	
71 ST. JOSEPH COUNTY		
7150 Polk-Lincoln-Johnson Sch. Corp.	N-R	
7175 Penn-Harris-Madison Sch. Corp.	N-SU	
7200 Sch. City of Mishawaka	N-U	
7205 South Bend Comm. Sch. Corp.	N-U	
7215 Union-North United Sch. Corp.	N-R	
72 SCOTT COUNTY		
7230 Scott Co. Sch. Dist. No. 1	S-R	
7255 Scott Co. Sch. Dist. No. 2	S-R	
73 SHELBY COUNTY		
7285 Shelby Eastern Schs.	C-R	
7350 Northwestern Cons. Sch. Corp.		
of Shelby Co.	C-R	
7360 Southwestern Cons. Sch. Corp.		
of Shelby Co.	C-R	
7365 Shelbyville Central Schs.	C-LT	
74 SPENCER COUNTY		
7385 North Spencer Co.	S-R	
7445 South Spencer Co. Sch. Corp.	S-R	
75 STARKE COUNTY		
7495 Oregon-Davis Sch. Corp.	N-R	
7515 North Judson-San Pierre Schs.	N-R	
7525 Knox Comm. Sch. Corp.	N-R	
77 SULLIVAN COUNTY		
7645 Northeast Sch. Corp.	C-R	
7715 Southwest Sch. Corp. of		
Sullivan Co.	C-R	
78 SWITZERLAND COUNTY		
7775 Switzerland Co. Sch. Corp.	S-R	
79 TIPPECANOE COUNTY		
7855 Lafayette Sch. Corp.	NC-SC	
7865 Tippecanoe Sch. Corp.	NC-R	
7875 West Lafayette Comm. Sch. Corp.	NC-LT	
80 TIPTON COUNTY		
7935 Northern Comm. Schs. of Tipton		
Co.	NC-R	
7945 Tipton Comm. Sch. Corp.	C-R	
81 UNION COUNTY		
7950 Union Co. Sch. Corp.	C-R	
82 VANDERBURGH COUNTY		
7995 Evansville-Vanderburgh Sch.		
Corp.	S-U	

UNREORGANIZED SCHOOL CORPORATIONS

83 VERMILLION COUNTY		
8010 North Vermillion Comm. Sch.		
Corp.	NC-R	
8020 South Vermillion Comm. Sch.		
Corp.	C-R	
84 VIGO COUNTY		
8030 Vigo Co. Sch. Corp.	C-U	
85 WABASH COUNTY		
8045 Manchester Comm. Schs.	NC-R	
8050 M.S.D. of Wabash Co.	NC-R	
8060 Sch. City of Wabash	NC-LT	
86 WARREN COUNTY		
8115 M.S.D. of Warren Co.	NC-R	
87 WARRICK COUNTY		
8130 Warrick Co. Sch. Corp.	S-R	
88 WASHINGTON COUNTY		
8205 Salem Comm. Schs.	S-R	
8215 East Washington Sch. Corp.	S-R	
8220 West Washington Sch. Corp.	S-R	
89 WAYNE COUNTY		
8305 Nettle Creek Sch. Corp.	C-R	
8355 Western Wayne Schs.	C-R	
8360 Centerville-Abington Comm.		
Schs.	C-R	
8375 Northeastern Wayne Schs.	C-R	
8385 Richmond Comm. Schs.	C-SC	
90 WELLS COUNTY		
8425 Southern Wells Comm. Schs.	NC-R	
8435 Northern Wells Comm. Schs.	NC-R	
8445 Bluffton-Harrison M.S.D.	NC-R	
91 WHITE COUNTY		
8515 North White Sch. Corp.	NC-R	
8525 Frontier Sch. Corp.	NC-R	
8535 Tri-County Sch. Corp.	NC-R	
8565 Twin Lakes Sch. Corp.	NC-R	
92 WHITLEY COUNTY		
8625 Smith-Green Comm. Schs.	N-R	
25 FULTON COUNTY		
2640 Union Township Schs.	NC-R	
28 GREENE COUNTY		
2920 Bloomfield Sch. Dist.	C-R	
2930 Central Sch. Dist.	C-R	
2940 Eastern Cons. Sch. Dist.	S-R	
2950 Linton-Stockton Sch. Corp.	C-R	
2970 Washington-Stafford Cons. Schs.	C-R	
2980 Worthington-Jefferson Cons.		
Sch. Corp.	C-R	
31 HARRISON COUNTY		
3160 Franklin Twp. Schs.	S-R	
3190 South Harrison Sch. Corp.	S-R	
36 JACKSON COUNTY		
3640 Carr Twp. Schs.	S-R	
3695 Brownstown Central Comm. Schs.	S-R	
3710 M.S.D. of Vernon Twp.	S-R	
39 JEFFERSON COUNTY		
3995 Madison Cons. Schs.	S-LT	
45 LAKE COUNTY		
4590 Hobart Township Schs.	N-SU	
4680 East Gary City Schs.	N-SU	
46 LA PORTE COUNTY		
4770 Cass Twp. Schs.	N-R	
4790 Dewey Twp. Schs.	N-R	
4860 New Durham Twp Schs.	N-R	
4880 Prairie Twp. Schs.	N-R	
4940 Clinton-Hanna-Noble Cons. Schs.	N-R	
55 MORGAN COUNTY		
5900 Monroe-Gregg Sch. Dist.	C-R	
5910 Eminence Cons. Sch. Corp.	C-R	
62 PERRY COUNTY		
6340 Cannelton City Schs.	S-R	
6350 Tell City-Troy Twp. Schs.	S-R	
64 PORTER COUNTY		
6460 Boone Twp. Schs.	N-R	
6490 Morgan Twp. Schs.	N-R	
6510 Pleasant Twp. Schs.	N-R	
6520 Porter Twp. Schs.	N-R	
6530 Union Twp. Schs.	N-R	
6540 Washington Twp. Schs.	N-R	
6560 Valparaiso Comm. Schs.	N-SC	

65 POSEY COUNTY

6600 M.S.D. of North Posey Co.	S-R
6610 Cons. Sch. Town of New Harmony and Harmony Twp.	S-R

76 STEUBEN COUNTY

7605 M.S.D. of Fremont	N-R
7610 Hamilton Comm. Schs.	N-R
7615 M.S.D. of Steuben Co.	N-R

92 WHITLEY COUNTY

8580 Columbia Twp. Schs.	NC-R
8590 Etna-Troy Twp. Schs.	NC-R
8600 Jefferson Twp. Schs.	NC-R
8630 Thorncreek Twp. Schs.	NC-R
8640 Union Twp. Schs.	NC-R
8650 Washington Twp. Schs.	NC-R
8660 Columbia City Joint High Sch.	NC-R
8665 Sch. City of Columbia City	NC-R

* Letter/s on the left indicate region: N = Northern
NC = North-central
C = Central
S = Southern

Letter/s on the right indicate community type: R = Rural
LT = Large town
SC = Small city
SU = Suburban
U = Urban

Appendix H

17 Tables of Data by Region
and Community Type, and the
Table of Projected State Totals.

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS. DURING THE 1973-1974 SCHOOL YEAR

Region 1 Community Type 1

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary: 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-20 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	2	5	0	7	0	14
	R	2	0	0	0	2	2	0	4
	I	3	0	0	0	2	7	0	9
Physically Handicapped	N	4	6	6	5	6	7	0	30
	R	5	0	0	2	4	2	0	8
	I	6	0	4	2	0	2	0	8
Visually Handicapped	N	7	8	6	3	4	9	0	30
	R	8	0	2	0	8	0	0	10
	I	9	8	14	9	29	2	0	62
Hearing Impaired	N	10	4	21	12	0	16	0	53
	R	11	0	0	2	12	2	0	16
	I	12	2	8	17	13	2	0	42
Emotionally Disturbed	N	13	31	35	35	58	53	0	212
	R	14	4	31	19	0	4	0	58
	I	15	10	16	12	19	2	0	59
Neurologically Impaired/Learn- ing Disabled	N	16	8	21	38	48	98	0	213
	R	17	6	21	3	4	2	0	36
	I	18	19	45	21	17	7	0	109
Communication Handicapped	N	19	31	48	14	10	4	0	107
	R	20	2	10	2	0	0	0	14
	I	21	12	16	3	8	0	0	39
Educable Mentally Retarded	N	22	25	14	10	75	47	0	169
	R	23	10	17	9	10	9	0	55
	I	24	8	25	28	25	7	0	93
Trainable Mentally Retarded	N	25	2	2	0	0	29	0	33
	R	26	0	0	0	0	2	0	2
	I	27	0	2	16	8	2	0	28
Severely-pro- foundly Men- tally Retarded	N	28	0	0	2	0	0	0	2
	R	29	0	0	0	0	0	0	0
	I	30	0	0	3	0	0	0	3
Other (Handicap Unknown)	N	31	19	2	3	4	0	0	28
	R	32	2	0	0	0	0	0	2
	I	33	2	0	0	0	4	0	6
			217	368	275	366	328	0	1554

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 1 Community Type 2

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	0	0	0	0	0	0	0	0
	R 2	0	0	1	0	0	0	1	1
	I 3	0	0	0	0	0	0	0	0
Physically Handicapped	N 4	0	0	0	0	0	0	0	0
	R 5	0	0	0	0	0	0	0	0
	I 6	0	0	0	0	0	0	0	0
Visually Handicapped	N 7	0	0	0	0	0	0	0	0
	R 8	0	0	0	0	0	0	0	0
	I 9	3	0	0	0	0	0	3	3
Hearing Impaired	N 10	0	0	0	0	0	0	0	0
	R 11	0	0	0	1	0	0	1	1
	I 12	0	0	0	0	0	0	0	0
Emotionally Disturbed	N 13	0	5	0	10	2	0	17	17
	R 14	0	3	1	0	0	0	4	4
	I 15	0	2	0	0	0	0	2	2
Neurologically Impaired/Learn- ing Disabled	N 16	0	3	1	10	0	0	14	14
	R 17	24	0	11	1	0	0	36	36
	I 18	0	2	0	0	0	0	2	2
Communication Handicapped	N 19	0	0	0	0	0	0	0	0
	R 20	56	0	1	1	0	0	58	58
	I 21	11	3	0	0	0	0	14	14
Educable Mentally Retarded	N 22	2	2	0	4	31	0	39	39
	R 23	0	2	1	0	38	0	41	41
	I 24	0	3	0	0	11	0	14	14
Trainable Mentally Retarded	N 25	0	2	1	0	0	0	3	3
	R 26	0	0	0	0	0	0	0	0
	I 27	0	0	0	0	0	0	0	0
Severely-pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	0
	R 29	0	0	0	0	0	0	0	0
	I 30	0	0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31	0	5	3	0	0	0	8	8
	R 32	3	2	4	0	0	0	9	9
	I 33	0	0	0	0	0	0	0	0
			99	34	24	27	82	0	266

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 1 Community Type 3

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	0	0	0	0	3	0	0	3
	R 2	0	0	2	0	0	0	0	2
	I 3	0	2	0	8	0	0	0	10
Physically Handicapped	N 4	0	0	0	0	0	0	0	0
	R 5	2	0	0	0	2	0	0	4
	I 6	0	0	2	1	2	0	0	5
Visually Handicapped	N 7	0	0	2	1	2	0	0	5
	R 8	2	4	0	0	0	0	0	6
	I 9	2	4	5	1	2	0	0	14
Hearing Impaired	N 10	0	0	5	1	2	0	0	8
	R 11	0	8	3	0	0	0	0	11
	I 12	0	4	0	11	0	0	0	15
Emotionally Disturbed	N 13	4	10	10	59	20	0	0	103
	R 14	2	18	38	4	8	0	0	70
	I 15	0	12	20	28	0	0	0	60
Neurologically Impaired/Learn- ing Disabled	N 16	8	12	15	32	89	0	0	156
	R 17	6	25	10	17	0	0	0	58
	I 18	2	23	12	0	12	0	0	49
Communication Handicapped	N 19	0	0	0	13	6	0	0	19
	R 20	0	29	7	9	0	0	0	45
	I 21	0	0	0	0	0	0	0	0
Educable Mentally Retarded	N 22	4	16	23	12	118	0	0	175
	R 23	6	25	20	4	4	0	0	59
	I 24	6	33	16	35	10	0	0	100
Trainable Mentally Retarded	N 25	0	0	0	0	0	0	0	0
	R 26	0	0	0	0	0	0	0	0
	I 27	2	0	0	0	0	0	0	2
Severely-pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	0
	R 29	0	0	0	0	0	0	0	0
	I 30	0	0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31	6	6	10	4	0	0	0	26
	R 32	6	2	2	3	0	0	0	13
	I 33	0	0	0	0	0	0	0	0
			58	235	202	246	277	0	1018

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 1 Community Type 4

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	0	2	6	4	0	12
	R	2	0	7	2	0	0	0	9
	I	3	0	6	2	0	0	0	8
Physically Handicapped	N	4	6	0	5	3	0	0	14
	R	5	2	0	2	0	4	0	8
	I	6	2	0	2	0	0	0	4
Visually Handicapped	N	7	0	0	2	4	4	0	10
	R	8	0	0	0	3	0	0	3
	I	9	0	4	9	1	4	0	18
Hearing Impaired	N	10	0	0	2	3	0	0	5
	R	11	0	2	2	1	0	0	5
	I	12	0	0	5	3	0	0	8
Emotionally Disturbed	N	13	0	6	18	0	59	0	83
	R	14	11	7	11	1	0	0	30
	I	15	6	19	24	40	18	0	107
Neurologically Impaired/Learn- ing Disabled	N	16	38	67	57	0	15	0	177
	R	17	0	07	2	0	4	0	13
	I	18	0	41	41	0	0	0	82
Communication Handicapped	N	19	0	0	0	4	4	0	8
	R	20	2	0	0	0	0	0	2
	I	21	0	7	3	0	0	0	10
Educable Mentally Retarded	N	22	4	17	8	4	85	0	118
	R	23	0	11	6	7	55	0	79
	I	24	11	41	8	6	15	0	81
Trainable Mentally Retarded	N	25	0	0	0	0	0	0	0
	R	26	0	0	0	0	0	0	0
	I	27	0	0	0	0	0	0	0
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	0	0	0
	R	29	0	0	0	0	0	0	0
	I	30	0	0	0	0	0	0	0
Other (Handicap Unknown)	N	31	0	2	5	26	0	0	33
	R	32	0	2	21	7	0	0	30
	I	33	0	0	0	0	0	0	0
			82	246	239	119	271	0	957

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 1 Community Type 5

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	0	0	3	0	0	3
	R	2	3	15	3	0	7	0	28
	I	3	0	0	6	3	5	0	14
Physically Handicapped	N	4	0	3	0	3	0	0	6
	R	5	0	3	3	0	0	0	6
	I	6	3	0	0	3	10	0	16
Visually Handicapped	N	7	0	0	0	0	2	0	2
	R	8	0	5	3	0	0	0	8
	I	9	0	0	0	3	2	0	5
Hearing Impaired	N	10	0	8	3	0	0	0	11
	R	11	0	5	3	0	0	0	8
	I	12	3	0	0	0	0	0	3
Emotionally Disturbed	N	13	0	69	52	9	2	0	132
	R	14	5	31	32	0	65	0	133
	I	15	0	20	15	22	2	0	59
Neurologically Impaired/Learn- ing Disabled	N	16	3	36	49	19	0	0	107
	R	17	5	46	49	12	0	0	112
	I	18	15	41	73	28	5	0	162
Communication Handicapped	N	19	8	0	0	0	0	0	8
	R	20	0	8	0	0	0	0	8
	I	21	28	36	9	0	0	0	73
Educable Mentally Retarded	N	22	3	76	29	52	38	0	198
	R	23	18	76	79	19	12	0	204
	I	24	3	31	52	46	22	0	154
Trainable Mentally Retarded	N	25	0	0	0	0	0	0	0
	R	26	0	0	0	0	0	0	0
	I	27	3	23	0	0	0	0	26
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	0	0	0
	R	29	0	0	0	0	0	0	0
	I	30	0	5	6	6	0	0	17
Other (Handicap Unknown)	N	31	13	53	3	0	0	0	69
	R	32	28	69	67	0	5	0	169
	I	33	0	3	3	0	0	0	6
			141	662	539	228	177	0	1747

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 2 Community Type 1

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	2	2	0	0	0	0	4
	R	2	0	0	0	0	0	0	0
	I	3	4	7	0	2	0	0	13
Physically Handicapped	N	4	0	7	2	2	6	0	17
	R	5	0	0	0	4	0	0	4
	I	6	0	7	3	5	4	0	19
Visually Handicapped	N	7	0	9	13	4	4	0	30
	R	8	0	2	2	2	0	0	6
	I	9	0	7	5	2	2	0	16
Hearing Impaired	N	10	0	5	8	2	14	0	29
	R	11	0	2	0	0	2	0	4
	I	12	0	5	3	4	0	0	12
Emotionally Disturbed	N	13	2	20	45	69	40	0	176
	R	14	2	10	2	9	8	0	31
	I	15	2	12	23	25	26	0	88
Neurologically Impaired/Learn- ing Disabled	N	16	12	41	35	102	14	0	204
	R	17	5	7	12	4	2	0	30
	I	18	7	51	28	4	22	0	112
Communication Handicapped	N	19	5	0	3	2	6	0	16
	R	20	4	0	5	56	4	0	69
	I	21	4	26	5	12	4	0	51
Educable Mentally Retarded	N	22	11	20	12	5	2	0	53
	R	23	4	17	17	28	2	0	68
	I	24	2	20	30	21	22	0	95
Trainable Mentally Retarded	N	25	5	0	0	0	0	0	5
	R	26	0	3	0	0	2	0	5
	I	27	0	2	2	2	0	0	6
Severely-pro- foundly Men- tally Retarded	N	28	0	3	0	0	0	0	3
	R	29	0	0	0	0	0	0	0
	I	30	0	0	2	0	0	0	2
Other (Handicap Unknown)	N	31	4	10	33	14	0	0	61
	R	32	0	0	0	9	0	0	9
	I	33	0	5	0	0	0	0	5
			75	300	293	339	186	0	1243

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 2 Community Type 2

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	0	0	2	0	0	2
	R	2	0	0	0	0	0	0	0
	I	3	2	0	0	2	0	0	4
Physically Handicapped	N	4	2	4	2	0	4	0	12
	R	5	0	0	0	0	2	0	2
	I	6	0	0	0	2	0	0	2
Visually Handicapped	N	7	0	0	0	0	2	0	2
	R	8	2	0	0	0	0	0	2
	I	9	0	0	0	2	4	0	6
Hearing Impaired	N	10	0	0	0	0	2	0	2
	R	11	0	0	0	2	0	0	2
	I	12	0	0	4	0	0	0	4
Emotionally Disturbed	N	13	0	4	2	2	10	0	18
	R	14	0	0	12	0	2	0	14
	I	15	2	2	2	0	2	0	8
Neurologically Impaired/Learn- ing Disabled	N	16	0	2	0	0	4	0	6
	R	17	0	2	0	0	0	0	2
	I	18	0	4	2	0	2	0	8
Communication Handicapped	N	19	0	0	0	0	2	0	2
	R	20	0	0	2	0	0	0	2
	I	21	0	0	0	0	0	0	0
Educable Mentally Retarded	N	22	2	4	0	0	12	0	18
	R	23	4	4	2	0	0	0	10
	I	24	14	6	4	0	0	0	24
Trainable Mentally Retarded	N	25	0	0	0	0	0	0	0
	R	26	0	0	0	0	0	0	0
	I	27	0	2	2	0	0	0	4
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	0	0	0
	R	29	0	0	0	0	0	0	0
	I	30	0	0	0	0	0	0	0
Other (Handicap Unknown)	N	31	0	8	4	0	2	0	14
	R	32	0	4	4	0	0	0	8
	I	33	0	0	0	0	0	0	0
			28	46	42	12	50	0	178

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 2 Community Type 3

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	0	0	0	0	0	0
	R	2	0	0	0	0	0	0	0
	I	3	0	0	0	0	0	0	0
Physically Handicapped	N	4	0	0	4	0	0	0	4
	R	5	0	0	0	0	0	0	0
	I	6	0	2	0	5	0	0	7
Visually Handicapped	N	7	0	0	0	2	0	0	2
	R	8	0	0	0	0	0	0	0
	I	9	0	0	2	5	0	0	7
Hearing Impaired	N	10	0	0	2	0	0	0	2
	R	11	0	0	0	0	0	0	0
	I	12	0	2	0	9	0	0	11
Emotionally Disturbed	N	13	30	87	76	46	2	0	241
	R	14	0	0	2	2	3	0	7
	I	15	4	25	19	28	5	0	81
Neurologically Impaired, Learn- ing Disabled	N	16	4	4	0	81	0	0	89
	R	17	0	2	0	0	0	0	2
	I	18	6	14	8	7	0	0	35
Communication Handicapped	N	19	0	0	0	0	0	0	0
	R	20	0	0	0	0	0	0	0
	I	21	0	0	0	0	0	0	0
Educable Mentally Retarded	N	22	17	17	6	9	0	0	49
	R	23	0	0	0	2	0	0	2
	I	24	8	2	4	0	0	0	14
Trainable Mentally Retarded	N	25	0	0	0	0	2	0	2
	R	26	0	0	0	0	0	0	0
	I	27	0	0	0	0	0	0	0
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	0	0	0
	R	29	0	0	0	0	0	0	0
	I	30	0	0	0	0	0	0	0
Other (Handicap Unknown)	N	31	0	0	0	0	0	0	0
	R	32	0	0	0	0	0	0	0
	I	33	0	0	0	0	0	0	0
			69	155	123	196	12	0	555

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 3 Community Type 1

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Inter-med- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	2	6	12	2	2	0	24
	R	2	0	9	5	0	0	0	14
	I	3	2	5	4	0	4	0	15
Physically Handicapped	N	4	2	11	7	6	13	0	39
	R	5	5	3	2	0	0	0	10
	I	6	2	2	0	4	8	0	16
Visually Handicapped	N	7	2	5	9	4	9	0	29
	R	8	0	9	0	4	0	0	13
	I	9	2	3	7	4	11	0	27
Hearing Impaired	N	10	3	9	2	4	9	0	27
	R	11	3	6	7	8	0	1	25
	I	12	0	5	9	6	9	0	29
Emotionally Disturbed	N	13	17	49	56	49	19	0	190
	R	14	6	13	14	17	2	0	52
	I	15	2	27	41	15	6	0	91
Neurologically Impaired/Learn- ing Disabled	N	16	6	50	49	21	0	0	126
	R	17	3	33	35	21	0	0	92
	I	18	2	27	38	19	2	0	108
Communication Handicapped	N	19	39	55	35	4	2	54	189
	R	20	6	25	2	0	0	0	33
	I	21	2	8	5	2	8	0	25
Educable Mentally Retarded	N	22	17	41	76	53	38	0	225
	R	23	17	58	79	32	6	0	192
	I	24	6	83	72	24	78	0	263
Trainable Mentally Retarded	N	25	0	0	0	0	0	0	0
	R	26	0	9	0	0	0	0	9
	I	27	0	2	2	0	8	0	12
Severely-pro- foundly Men- tally Retarded	N	28	0	2	0	0	0	0	2
	R	29	0	0	0	0	0	0	0
	I	30	0	2	4	0	0	0	6
Other (Handicap Unknown)	N	31	5	20	23	9	9	0	66
	R	32	0	16	11	4	0	0	31
	I	33	0	25	12	4	2	0	43
			151	618	638	316	245	55	2026

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 3 Community Type 2

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1		2	0	2	0	6	10	10
	R 2		2	0	0	0	0	0	2
	I 3		0	0	2	0	0	0	2
Physically Handicapped	N 4		0	0	0	0	3	0	3
	R 5		0	0	0	0	0	0	0
	I 6		0	0	2	0	0	0	2
Visually Handicapped	N 7		2	0	2	0	6	0	10
	R 8		2	0	0	0	0	0	2
	I 9		2	0	2	1	0	0	4
Hearing Impaired	N 10		2	0	0	0	3	0	5
	R 11		0	0	0	0	2	0	2
	I 12		0	0	7	0	0	0	7
Emotionally Disturbed	N 13		5	2	7	0	170	0	185
	R 14		0	0	7	0	0	0	13
	I 15		0	0	0	0	0	0	0
Neurologically Impaired/Learn- ing Disabled	N 16		18	10	0	0	64	0	92
	R 17		5	5	2	0	0	0	14
	I 18		2	0	2	0	0	0	4
Communication Handicapped	N 19		2	4	0	0	5	0	11
	R 20		0	0	0	0	0	0	0
	I 21		0	0	7	0	0	0	7
Educable Mentally Retarded	N 22		6	17	12	0	21	0	56
	R 23		8	12	19	0	0	0	39
	I 24		8	19	28	3	0	0	58
Trainable Mentally Retarded	N 25		0	0	2	0	2	0	2
	R 26		2	4	0	0	0	0	6
	I 27		0	0	0	0	0	0	0
Severely-pro- foundly Men- tally Retarded	N 28		0	0	0	0	0	0	0
	R 29		0	0	0	0	0	0	0
	I 30		0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31		10	2	0	93	30	0	135
	R 32		0	0	0	0	0	0	0
	I 33		0	0	0	16	0	0	16
			86	82	103	112	310	0	393

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 3 Community Type 3

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	23	0	0	0	0	0	0	23
	R 2	0	0	0	0	0	0	0	0
	I 3	0	0	0	0	0	0	0	0
Physically Handicapped	N 4	3	0	2	0	0	0	0	5
	R 5	0	0	0	0	0	4	0	4
	I 6	0	0	0	0	0	4	0	4
Visually Handicapped	N 7	0	0	0	0	0	0	0	0
	R 8	0	0	0	0	0	2	0	2
	I 9	0	0	0	0	2	0	0	2
Hearing Impaired	N 10	0	3	0	0	0	0	0	3
	R 11	0	0	0	0	0	7	0	7
	I 12	0	3	0	0	0	4	0	7
Emotionally Disturbed	N 13	16	7	4	34	3	0	0	64
	R 14	0	3	0	7	3	0	0	13
	I 15	0	7	4	2	5	0	0	18
Neurologically Impaired/Learn- ing Disabled	N 16	0	0	6	46	0	0	0	52
	R 17	0	0	0	23	7	0	0	30
	I 18	0	0	2	0	2	0	0	4
Communication Handicapped	N 19	3	0	2	0	2	0	0	7
	R 20	0	0	0	0	4	0	0	4
	I 21	0	0	0	0	2	0	0	2
Educable Mentally Retarded	N 22	3	31	15	11	0	0	0	60
	R 23	0	3	0	5	0	0	0	8
	I 24	0	14	10	5	3	0	0	32
Trainable Mentally Retarded	N 25	3	0	0	0	0	0	0	3
	R 26	0	0	0	0	0	0	0	0
	I 27	0	0	2	2	0	0	0	4
Severely-pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	0
	R 29	0	0	0	0	0	0	0	0
	I 30	0	0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31	3	0	0	0	0	0	0	3
	R 32	0	0	2	0	0	0	0	2
	I 33	0	0	0	0	0	0	0	0
			54	71	49	137	52	0	363

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 3 - Community Type 4

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	0	0	0	0	0	0	0	0
	R 2	0	0	0	0	0	0	0	0
	I 3	0	0	0	0	0	0	0	0
Physically Handicapped	N 4	0	0	0	0	0	0	0	0
	R 5	0	0	0	0	0	0	0	0
	I 6	0	0	0	0	0	10	0	10
Visually Handicapped	N 7	0	0	0	0	0	12	0	12
	R 8	0	0	0	0	2	0	0	2
	I 9	0	0	0	0	5	0	0	5
Hearing Impaired	N 10	0	0	0	0	42	0	0	42
	R 11	0	2	0	0	0	0	0	2
	I 12	0	0	0	0	12	0	0	12
Emotionally Disturbed	N 13	2	9	7	14	0	0	0	32
	R 14	7	14	10	0	2	0	0	33
	I 15	0	9	10	0	30	0	0	49
Neurologically Impaired/Learn- ing Disabled	N 16	2	38	34	68	52	0	0	194
	R 17	19	45	36	7	0	0	0	107
	I 18	5	59	82	2	0	0	0	148
Communication Handicapped	N 19	0	0	0	0	0	0	0	0
	R 20	0	0	0	0	0	0	0	0
	I 21	0	0	0	0	0	0	0	0
Educable Mentally Retarded	N 22	0	2	5	0	12	0	0	19
	R 23	2	5	2	0	2	0	0	11
	I 24	2	12	17	0	0	0	0	31
Trainable Mentally Retarded	N 25	0	0	0	0	0	0	0	0
	R 26	0	0	0	0	0	0	0	0
	I 27	0	0	0	0	0	0	0	0
Severely pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	0
	R 29	0	0	0	0	0	0	0	0
	I 30	0	0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31	0	0	0	2	221	0	0	223
	R 32	0	2	0	0	15	0	0	17
	I 33	0	0	0	0	0	0	0	0
			39	197	203	93	417	0	949

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 3 Community Type 5

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	12	0	31	22	11	0	76
	R	2	12	0	0	2	0	0	14
	I	3	0	0	0	0	4	0	4
Physically Handicapped	N	4	4	4	4	2	69	0	83
	R	5	0	0	4	0	0	0	4
	I	6	0	0	8	2	0	0	10
Visually Handicapped	N	7	24	38	4	0	42	0	108
	R	8	0	4	4	4	0	0	12
	I	9	0	4	12	4	4	0	24
Hearing Impaired	N	10	12	8	0	2	69	0	91
	R	11	0	0	0	0	0	0	0
	I	12	0	17	12	40	0	0	69
Emotionally Disturbed	N	13	20	133	138	74	11	0	376
	R	14	4	71	38	9	0	0	122
	I	15	0	33	19	13	2	0	67
Neurologically Impaired/Learn- ing Disabled	N	16	8	25	15	13	9	0	70
	R	17	4	129	88	9	0	0	230
	I	18	0	8	15	0	5	0	28
Communication Handicapped	N	19	24	17	0	0	0	0	41
	R	20	0	4	0	0	0	0	4
	I	21	0	0	0	4	0	0	4
Educable Mentally Retarded	N	22	36	217	226	110	164	0	753
	R	23	16	113	92	31	55	0	307
	I	24	24	96	61	47	29	0	257
Trainable Mentally Retarded	N	25	8	0	0	0	13	0	21
	R	26	4	33	31	0	0	0	68
	I	27	0	4	8	4	0	0	16
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	45	0	45
	R	29	0	0	0	0	36	0	36
	I	30	0	0	0	0	0	0	0
Other (Handicap Unknown)	N	31	8	0	4	0	31	0	43
	R	32	0	0	0	0	0	0	0
	I	33	0	0	8	4	0	0	12
			220	958	822	396	599	0	2995

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 4 Community Type 1

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1		2	0	4	0	2	0	8
	R 2		0	3	2	0	0	0	5
	I 3		0	2	4	6	4	0	16
Physically Handicapped	N 4		7	10	9	2	2	0	30
	R 5		0	7	12	0	2	0	21
	I 6		0	0	4	0	17	0	21
Visually Handicapped	N 7		10	21	11	0	4	0	46
	R 8		3	10	4	6	0	0	23
	I 9		0	11	5	2	17	0	35
Hearing Impaired	N 10		5	11	14	0	2	0	32
	R 11		3	3	0	19	0	0	25
	I 12		2	39	23	6	13	0	83
Emotionally Disturbed	N 13		16	85	85	62	15	0	263
	R 14		0	34	14	8	0	0	56
	I 15		5	11	5	2	4	0	27
Neurologically Impaired/Learn- ing Disabled	N 16		44	164	117	45	0	0	370
	R 17		0	41	62	16	41	0	160
	I 18		0	26	30	6	2	0	64
Communication Handicapped	N 19		11	30	7	31	22	0	101
	R 20		5	23	21	41	22	0	112
	I 21		2	108	103	72	6	0	291
Educable Mentally Retarded	N 22		3	74	139	82	93	4	395
	R 23		8	34	50	70	2	0	164
	I 24		15	39	53	35	11	0	153
Trainable Mentally Retarded	N 25		0	0	5	0	0	0	5
	R 26		0	0	0	0	0	0	0
	I 27		2	7	5	4	0	0	18
Severely pro- foundly Men- tally Retarded	N 28		0	0	2	0	0	0	2
	R 29		0	0	0	0	0	0	0
	I 30		2	0	0	0	0	0	2
Other (Handicap Unknown)	N 31		13	21	27	12	112	0	185
	R 32		3	21	7	2	13	0	46
	I 33		0	7	2	0	0	0	9
			161	842	826	529	406	4	2768

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR

Region 4 Community Type 2

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Juniors High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N	1	0	2	0	0	4	0	6
	R	2	0	0	0	0	0	0	0
	I	3	0	0	0	0	0	0	0
Physically Handicapped	N	4	0	8	0	0	0	0	8
	R	5	0	0	0	0	0	1	1
	I	6	0	2	0	0	0	0	2
Visually Handicapped	N	7	2	2	4	0	0	0	8
	R	8	0	0	0	0	0	0	0
	I	9	0	2	0	0	0	0	2
Hearing Impaired	N	10	0	0	2	0	0	0	2
	R	11	0	0	7	0	0	0	7
	I	12	2	2	0	0	0	0	4
Emotionally Disturbed	N	13	6	9	5	4	4	0	28
	R	14	0	0	2	4	0	0	6
	I	15	0	0	2	2	4	0	8
Neurologically Impaired/Learn- ing Disabled	N	16	0	4	0	0	0	0	4
	R	17	0	6	0	0	0	0	6
	I	18	2	0	0	0	0	0	2
Communication Handicapped	N	19	2	0	0	4	0	0	6
	R	20	0	0	0	0	0	0	0
	I	21	0	4	2	0	0	0	6
Educable Mentally Retarded	N	22	4	9	16	0	61	0	90
	R	23	8	6	4	4	0	0	22
	I	24	2	9	2	0	0	0	13
Trainable Mentally Retarded	N	25	0	0	0	0	0	0	0
	R	26	0	0	0	0	0	0	0
	I	27	0	0	0	0	0	0	0
Severely-pro- foundly Men- tally Retarded	N	28	0	0	0	0	0	0	0
	R	29	0	0	0	0	0	0	0
	I	30	0	0	0	0	0	0	0
Other (Handicap Unknown)	N	31	8	15	0	0	0	0	23
	R	32	0	0	0	0	0	0	0
	I	33	0	2	0	0	0	0	2
			36	82	46	18	73	1	256

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR Region 4 Community Type 3

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	0	0	0	0	0	0	0	0
	R 2	0	0	0	0	0	0	0	0
	I 3	0	0	0	0	0	0	0	0
Physically Handicapped	N 4	0	0	7	8	0	0	15	
	R 5	0	0	0	0	0	0	0	
	I 6	0	0	0	0	0	0	0	
Visually Handicapped	N 7	0	2	0	0	0	0	2	
	R 8	0	0	0	0	0	0	0	
	I 9	0	0	0	0	0	0	0	
Hearing Impaired	N 10	0	0	2	0	0	0	2	
	R 11	0	0	0	0	0	0	0	
	I 12	0	0	0	0	0	0	0	
Emotionally Disturbed	N 13	0	5	44	95	0	0	144	
	R 14	0	0	10	39	0	0	49	
	I 15	0	0	5	0	0	0	5	
Neurologically Impaired/Learn- ing Disabled	N 16	0	2	7	8	0	0	17	
	R 17	4	11	100	0	0	0	115	
	I 18	0	2	5	0	0	0	7	
Communication Handicapped	N 19	0	0	0	0	0	0	0	
	R 20	0	11	2	0	0	0	13	
	I 21	0	0	2	0	0	0	2	
Educable Mentally Retarded	N 22	0	20	24	32	0	0	76	
	R 23	0	2	2	8	0	0	12	
	I 24	4	5	5	0	0	0	14	
Trainable Mentally Retarded	N 25	0	0	0	0	0	0	0	
	R 26	0	0	0	0	0	0	0	
	I 27	0	0	0	0	0	0	0	
Severely-pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	
	R 29	0	0	0	0	0	0	0	
	I 30	0	0	0	0	0	0	0	
Other (Handicap Unknown)	N 31	0	9	2	0	0	0	11	
	R 32	2	5	7	0	0	0	14	
	I 33	0	0	0	0	0	0	0	
			10	74	224	190	0	0	498

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS

DURING THE 1973-1974 SCHOOL YEAR

Region 4 Community Type 5

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-prim- ary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply Handicapped (see other side)	N 1	0	0	0	0	0	0	0	0
	R 2	2	4	4	4	0	0	0	10
	I 3	0	0	0	0	0	4	0	4
Physically Handicapped	N 4	0	6	0	9	29	0	44	0
	R 5	0	0	0	0	0	0	0	0
	I 6	0	0	0	2	0	0	2	0
Visually Handicapped	N 7	0	0	4	4	0	0	8	0
	R 8	0	0	0	0	0	0	0	0
	I 9	0	2	2	2	4	0	10	0
Hearing Impaired	N 10	0	8	2	11	0	0	21	0
	R 11	0	2	6	6	4	0	18	0
	I 12	0	17	4	0	0	0	21	0
Emotionally Disturbed	N 13	2	2	28	97	170	0	299	0
	R 14	0	17	11	0	0	0	28	0
	I 15	0	8	13	9	0	0	30	0
Neurologically Impaired/Learn- ing Disabled	N 16	11	11	6	17	33	0	78	0
	R 17	0	15	4	6	0	0	25	0
	I 18	0	32	23	0	0	0	55	0
Communication Handicapped	N 19	0	13	11	11	8	0	43	0
	R 20	0	6	6	0	0	0	12	0
	I 21	17	6	11	0	0	0	34	0
Educable Mentally Retarded	N 22	0	40	24	47	8	0	119	0
	R 23	15	38	11	11	0	0	75	0
	I 24	4	25	15	4	0	0	48	0
Trainable Mentally Retarded	N 25	0	2	2	0	0	0	4	0
	R 26	0	0	0	0	0	0	0	0
	I 27	0	0	0	0	8	0	8	0
Severely-pro- foundly Men- tally Retarded	N 28	0	0	0	0	0	0	0	0
	R 29	0	0	0	0	0	0	0	0
	I 30	0	0	0	0	0	0	0	0
Other (Handicap Unknown)	N 31	0	0	0	0	0	0	0	0
	R 32	0	2	0	0	0	0	2	0
	I 33	0	0	0	0	0	0	0	0
			5	256	187	236	268	0	998

Model Educational Research Center, La Porte, Indiana

Study of Special Education Needs and Programs in the State of Indiana

NUMBER OF STUDENTS BY THEIR HANDICAPS AND AGES, NOT SERVED IN SPECIAL EDUCATION PROGRAMS DURING THE 1973-1974 SCHOOL YEAR Projected State Totals

N - Needed special help, but were not referred for testing

R - Formally referred, but not yet approved by case conference

I - Formally identified by case conference, but not placed in the appropriate special education program

			Pre-pri- mary, 0-6 years old	Primary 7-9 years old	Intermed- iate, 10-12 years old	Junior High 13-14 years old	Senior High 15-21 Years old	Other	Total
Multiply handicapped (see other side)	N	1	29	14	45	39	37	0	164
	R	2	13	41	20	4	9	0	87
	I	3	8	25	16	27	26	0	102
Physically handicapped	N	4	29	64	49	37	137	0	316
	R	5	11	14	24	8	20	1	78
	I	6	6	19	20	25	61	0	131
Visually Handicapped	N	7	40	72	59	27	107	0	305
	R	8	11	39	10	29	7	0	96
	I	9	19	56	61	59	57	0	252
Hearing impaired	N	10	23	76	61	27	172	0	359
	R	11	8	39	33	51	24	0	156
	I	12	8	105	88	96	46	0	343
Emotionally Disturbed	N	13	151	498	576	660	562	0	2447
	R	14	48	227	214	76	98	0	663
	I	15	34	196	228	234	105	0	797
Neurologically impaired/Learn- ing Disabled	N	16	181	542	464	527	386	0	2100
	R	17	29	342	362	123	63	0	980
	I	18	61	389	401	76	65	0	992
Communication handicapped	N	19	132	185	83	90	61	54	605
	R	20	97	128	55	123	35	0	438
	I	21	76	245	167	100	24	0	612
Educable Mentally Retarded	N	22	128	521	556	472	727	4	2408
	R	23	116	385	356	230	189	0	1276
	I	24	116	453	393	258	227	0	1447
Trainable Mentally Retarded	N	25	15	6	12	0	46	0	79
	R	26	4	37	16	0	4	0	61
	I	27	6	37	37	21	15	0	116
Severely pro- foundly Men- tally Retarded	N	28	0	5	4	0	54	0	64
	R	29	0	0	0	0	44	0	44
	I	30	2	6	14	4	0	0	26
Other (Handicap Unknown)	N	31	90	161	124	158	401	0	944
	R	32	42	122	116	31	30	0	341
	I	33	2	51	22	21	7	0	103
			1594	5101	4696	3635	2646	60	18932

Appendix I

School Principals' Open-ended
Comments and Suggestions

Observations Concerning Existing Special Education Programs

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Indiana is doing much more on this issue than most areas. I wish to congratulate the State Dept. I have no specific suggestions.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I have worked with this type of program for fifteen years in various capacities. Progress, from my viewpoint, has been good compared to these earlier years. Definitive activities, such as this survey points out, are most helpful.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Not speaking of our program I know that you people are carrying on a state wide service and many schools still need a lot of help.

It has been my good fortune to work in this long enough to work out the faults and I will promise you, we had them.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

IT IS TIME TO AGAIN RUN "PROJECT SEEK" TO IDENTIFY ANY UNKNOWN -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We in _____ County have an excellent Special education cooperative whose program is serving all areas of special education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our program and operation is excellent

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Top. does an excellent job of screening these students in the lower grades. By Junior High age - at this school in particular - the program is well defined. With our small number of special ed students, the staff is able to place them in most all "hands on" type of classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

This questionnaire is really not appropriate for our school. We have a Modified Special Education Program which we believe serves us very well. In addition, our teachers are very accepting of students with problems and endeavor to work with them individually within a normal class setting. We believe this total setting provides the best program for our children.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The Joint Services Program in Special Education seems to be serving us here at Elem. very well. We have an EMRI class with a fine teacher and seem to get quick action on our referrals and other needs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

we have a good program in my county.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We think we are doing all possible!
We are happy with the Co-op we are in.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I am totally happy with the program in Co.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We are pleased with all services available to our students.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Ours seem to be adequate at this time.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our Joint Services program umbrellas several schools. We are able to place anyone we need to place.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our Special Services Office is in
We had a lack of communication last
year, but it has improved greatly this
year.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

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None - Very good program in

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

They are working vigorously to improve the situations. We're in a pilot program this year that should improve the situation.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

It honestly feel at this point that we have a fine Sp. Ed. Coop program for our county. It seems to be meeting the needs of our children as problems arise. Parents are also very cooperative and willing to help.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

Note: No pupils in this school during 1973-74 school year were in the N or R categories.

There were pupils with physical handicaps (such as mild cerebral palsy) visual handicap (one boy requires large print materials) hearing problem (special seating) and learning disabilities. None of these pupils qualified for placement in special classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

THERE ARE AT LEAST 5 ADDITIONAL STUDENTS BEING TAKEN CARE OF IN OUR REGULAR PRIMARY CLASS ROOMS. THESE STUDENTS ARE IN THE EMOTIONALLY DISTURBED, COMMUNICATION HANDICAPPED, CATEGORIES. ONE 2ND GRADE TEACHER HAS SPECIALIZED TRAINING TO HANDLE A TRANSITIONAL CLASS.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Sir:

We have had a Special Education Program in this Corporation for several years now. We have taken care of all eligible students for this training and at the present time, I do not have a single student in this school who I feel is in need of Special Education.

We check our students very carefully. In fact we just finished a survey here and feel that we are in good shape in this area.

I realize that we are fortunate in this respect but we do have some in Special Education Classes which are transported to another school but if we find one or one moves into our school who needs it, we start to work at once to see that it is properly placed at once.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

All such students have been tested ^{and}
those qualified are in special education
classes.

To the best of my knowledge there
are none not receiving the help.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In consulting with the guidance counselors and our
psychometrist, ~~we~~ were not able to come up with any
students now in need for placement in any of the
programs listed below who who are not now
enrolled somewhere.

This school enrolls only 9-12 grade students.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We do ~~not~~ not have any students in
our school who have not been placed
in our joint Special Education Program.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We do feel that we are able to function under the S-1 Rule properly, and that we are currently providing services and programs as required.

The special ed. program in its entirety involves both Whitley & Huntington Co.

I do feel that much effort has been made to locate and evaluate those who are in need of the services. Our psychometrist is currently able to keep up with the testing as requested, and our staff is having their referrals handled in a relatively short time.

In short, there is no backlog of referrals or of placements.

After consultation with the Asst. Supt., the school psychometrist, and the spec. ed. director we can not find reportable cases for the yellow sheet.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Available in each building

Help

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

No complaints this year.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

This problem is well defined - we have no special complaints

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our special Ed. students have all been
referred, tested and evaluated through our
Joint Program, of which
Please contact that office, as there
are 11 school corporations in this Joint
program, with a director to answer
further questions.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

No Problem?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I am not that familiar to make
harsh judgements for against the

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

This will be updated as soon as the schools are
consolidated into one High School (Fall 1975) and effort
can be placed on the special ed facilities.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We now have a full time working agreement with the School System - Special Ed. area. We feel our program will be much better this year. ~~Since~~ We do not have a special ed. program in our school. I hope in the future we can have our own teacher(s) and class(es) for our students so that we do not have to send them to ~~the~~ I have 4 students at present with whom I am in the process of parental conferences & referrals for a special ed. program. They will be tested by me. So we are just getting started.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We, the faculty, feel that special education services have a proper place in our educational system today, however we here feel we are not qualified to answer this at present for our school is small and we have not been in a position to use the service nor have we felt that in the 125 registered here are in need of it at present. We regret we could not be of more service to you.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We have no problems

in

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Special Education programs are very expensive, Indiana is improving in its funding of mandatory programs - however - more state money is needed

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Special Education programs are taking back seats to many of the other educational programs. They should be on an equal footing at least in that these students are entitled to desirable facilities, located in areas other than where they are separated or placed in older buildings with few facilities, etc.

There is a need for greater guidance at the local level - our director is spread too thin or is just not getting the job done. We need more psychologists, teachers for these children and more desirable areas for these students to work in.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More state for local funds

Readily available for needed facilities + services.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

ADMINISTRATION OF S-1 SEEMS TO BE
VERY SLOW AND BURDENSOME. HAVING TO
WORK IN THE SIZE CO-OP AREAS THAT THE
LAW STIPULATES. IF THE PROGRAM IS
REALLY GOING TO WORK / MORE MONEY IS
GOING TO HAVE TO BE PROVIDED IF
THE STATE IS GOING TO TELL US WHAT
HAS TO BE DONE.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

3. The program should be adequately funded
by the state.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More adequate funding of the special
ed program would be most welcome.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More adequate State funding.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

State support for the programs!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2. More state aid is needed to help student that have emotional problems. Those students just above EMR's

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The biggest improvement would be adequate funds provided by the State so that appropriate programs can be established or so that existing ones are not overtaxed by the number of students they are trying to serve.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Coordinated effort on the State level to fund mandated programs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Increased state funding in the area of special services.
More input into the media concerning special ed., handicaps and the idea of education for persons in this area.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We can't see how these needs can be met unless adequate programs are funded by the State.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. We feel we have a fairly adequate program here at N.S. but we do feel we could update our total program through additional funds. These funds to be used primarily for staffing.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

A. More detailed plans for funding available to staff

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

By placing the burden of the visually handicapped on each local school district rather than having special centers you cost the regular programs thousands of dollars in each district.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I spend more time on 15 students than
I spend on 1050 others - And twice
as much money per student,

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In general the system is good
but as is normal, money, personnel
and facilities seems to be the most
persistent deterrent to expedient placement.

There is little doubt in my mind
that if we searched deeper ^{we} ~~would~~
could identify pupils that should have
special help or placement but realizing
the limitations this is not always
done.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I sincerely doubt that many of today's
special education programs are justifiable
in terms of cost & returns.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

My suggestion to help extend services and cut financial problems, as related to small school districts, is to continue programs such as the one in existence at

Programs on a regional or area basis can encompass more needy children on a practical budget. Likewise, the State could subsidize programs of this nature more effectively.

The programs as organized out of the Regional Office in _____ has been of great value to my school district. If we were permitted to make greater use of services provided here, or if the Director of this Regional Office was directly responsible for the programs, I feel our needy students would be better provided for on a more or less practical budget. I feel there are needs that cannot be met by the local level but still need professional help be developed by specialists.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our school needs better flow from one program to another.

Example: From Intermediate EMR to Junior High PVE. We need better feeder System. Possibly area high school could help ^{be} the division lines. Our students do not all go to one place. Therefore orientation for home student between schools is difficult. When magic #18 for class load happens to the class of PVE nearest here, the rest of our children are sent to different schools across town. 4 students, and 4 other schools. When questioning this with our department heads, finances seem to be the problem. The state legislature makes special education mandatory without funds.

Our school needs more help with Learning Disabilities. We have 4 children getting help - but more need.

More help needed in psychological services and guidance services. Both are overloaded.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more and better facilities.
Need more teaching staff.
Would like to have elementary counselor or counselors to help with the time consuming operation of identification, preparation of referral form, parent contact and Counselling, and assist with Case Conferences.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more physical facilities and more teachers so that more students can be placed in special education programs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. More funds available
2. More staff and aides
3. Add emotionally disturbed class

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More power being taken away from the local program. The State wants to do everything for the disadvantaged but they let the advantaged students alone. More could be done for him. Give us the funds but keep your hands off.

Enough said: I feel better.

ITEM 7

This school corporation has had Special Education classes for the educable mentally retarded since 1957.

We had excellent M-1 and M-2 programs in operation 16 years prior to 1973-74. We did not have to haul children 40 to 50 miles one way to school. They came on our regular bus routes and attended regular school hours. We had a school psychometrist, speech and hearing therapist, and regular M-1 and M-2 teachers as well as teacher aides. We were not burdened with having to finance a Headquarters and all the staff we have to help finance under the JESSE program, as well as financing 4 buses running helter skelter each day.

Last year our speech and hearing teacher was "dragged" all over the district to do hearing testing. Others were "dragged" here for that and psychometric testing. We finally got across to the Director that much mileage could be saved if they would return our own Speech and Hearing teacher to us as well as our own Psychometrist. This they finally did.

Our counsellor made 5 or 6 separate trips to our building to counsel a boy we have recommended for the emotionally disturbed class which JESSE had said we would have. The prospective teacher was here twice. After all of these trips, consultations, etc. he finally recommended that the boy stay in the regular classroom since the boy quite obstinately said he wouldn't go to the class, some 40 miles one way from here. I couldn't blame the boy and could have made that recommendation and observation without the counsellor.

Needless to say we haven't seen the counsellor since. As far as benefits to us we could do without him. Many others on the table of organization make a good showcase, but the nitty gritty of the whole program lies with the classroom teachers. Take out all the directors and staff, social workers, etc. and hire more aides to the teachers and a heck of a lot more will be accomplished on much less money.

I realize that this will probably only be read once, if at all, and thrown away but I've stated my viewpoint. I can easily see that the Model Educational Research Center doesn't want the types of report I've made. At least it's honest and not showcase to persuade legislators to expand and expand the program to cost more and more money to do less and less for individual students. Of course the legislators know very little about how little amount of money actually filters through all levels of operation down to the actual classroom.

We have two emotionally disturbed children. They need help. We thought the answer was here this year. However there are so few children for the class they would have had to ride 40 miles one way to a strange school. We talked to the one student. He was very much opposed to it. So we didn't talk to the other one. I'm sure his reaction would have been the same.

If the money that is spent on staff etc. at the JESSE Headquarters were allocated for additional teacher aides in our Special Education classes I think these emotionally disturbed children could function much more effectively than being hauled the 40 miles to a strange school and environment. Besides that children will not willingly go that far.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Very good program here in
need more physical facilities
and space here at
School - that's a board
decision coming soon.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

more sections to reduce waiting
lists in S-1 categories -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Small schools - limited EMR enrollment -
will never be able to finance classes at these
levels - elementary, middle school, and high
school. A distinct disadvantage of having
no middle school EMR classes is the
physical and emotional maturity level
of the students. The 10-12 and 13-14 year
olds can cause many problem within
the elementary setting, yet, are not old
enough - mature enough to handle themselves
in the high school classes.

There is a great need for better
instructional materials & books - on the
high school level! 1

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need for more personnel and better communications assistance between home and school to assure favorable return for students in need.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Just make sure that classes are available for placement of children once they are identified. Most of ours never do get placed in special classes or services. The waiting list is long!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Make available classes for children with special needs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

WE NEED TO IMPROVE OUR TIME AND
TEACHER ALLOCATION FOR SPECIAL EDUCATION,
BUT OUR LIMITED IN FUNDS, PERSONNEL AND
FACILITIES.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There appears to be a need for school corporation psychiatrist.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

It appears to me at this point that schools are being forced to provide services for all types of handicaps. I don't disagree with the philosophy. However, facilities and lack of finances place a tremendous burden on already overburdened school systems.

There also seems to be a shortage of qualified people in the various areas of need. We had a great deal of difficulty in finding a qualified male to teach a senior high EMR class.

Our Area Program does a good job in providing services to us. However, they do need a supervising teacher for the EMR'S AND TMR'S

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. More teachers for different disabilities & handicaps

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel if we had a psychometrist readily available our programs would be better. It costs our school \$60 per evaluation at the Regional Mental Health Center. This is too much when we do not have people available to institute the suggestions.

Learning disabilities clinics are not within in reach financially of most of the people who have children with these problems. We have no one trained in these fields or special classes to help these kids so they flounder in the classrooms. Even when the expense of testing is paid we end up without available people to do the job. 12/2

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

No special education classrooms available

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

No Special Education Program is available for this school at this time.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Rule S-1 requires that children be educated according to the individual child's needs. The ruling does not explain how or where to find teachers qualified to teach the exceptional child or how to fund such programs. Until qualified teachers are available and monies for adequate programs are allocated, the S-1 will not do what its original purpose intended.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need special education teachers and classrooms, and other facilities at our school very badly. This should be of utmost importance!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Each elementary school should have a guidance counselor, a psychometrist and a LD specialist. The idea of specialization must come to all elementary schools, the elementary certified teacher is not trained to coordinate ^{the education of} all children ages 6-12.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Main improvements concerning our school is faster testing from the Psychometrist after students have been referred.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

While this may be a problem peculiar to our school system, we see a backlog of work for the psychometrists which prevents some students from receiving the help that they seem to need. In addition, we see the need for the establishment of a local program for the emotionally disturbed student. Perhaps even more importantly, we will take this opportunity to make a pitch and a plea for programs for students who fall into the gap between eligibility for special education and the opportunity for success in regular education. These students seem to be the forgotten children in our educational system.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The services of psychologists and social workers should also be a part of this program.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Need more personnel to
take care of special education
services.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Our school has not offered a special ed
Program. We are now sending the more
serious problems to Mecca school in our
corporation. Our school is going through
change and I hope the program will
be advanced. We need people trained
in these areas.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*My only concern is not having a Psychometrist
now that ours resigned late in August when another
one could not be found.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Psychometrist should be more
readily available —*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need More psychometrists & L.D. people

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We have a great need for ^{more} psychological personnel.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Mrs. [unclear] psychometrists for my district is profoundly overworked. She is proficient & dedicated & is an indefatigable & thorough professional. However, she & I both feel overwhelmed by the number of children who are tested, placed & helped & the waiting lists that perpetually grow daily. Teachers are discouraged to refer children because the time involved in diagnosing problems & placing the child may take months or years in some cases. We are positive that measures can be taken to improve this desperate situation and time is of the greatest essence.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need for more psychometrists & other clinicians for testing & consulting.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

On eight psychologists, counselors, aides, nurses. Reduce the pupil to adult load in regular elementary schools!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The speech therapist had to spend an inordinate amount of time this Fall obtaining parent consent for students who had previously had benefit of the program. Other personnel should probably obtain the consent to free the therapist (teacher) for the task he or she is trained. The psychometrist's load is over-whelming. More are needed!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

It would help if we had a psychometrist available at definite times in our school system. We have to contact one from other districts and use him when he is available.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Requests for psychologicals are "lost." Although according to Rule 5-1, children are to be evaluated and recommended for some educational program within 60 days of original request, they sometimes wait a year or two or request are lost. If this is the law then it should be enforced.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that school systems should be required to have a bigger variety of professional people on their staff to plan and stabilize these programs for the handicapped. ex: school social worker to make the home contacts.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need more resource people specialists in LD. The medical necessary for the LD consultant to work with a child is frequently a stumbling block.

More space for EMH or consultants assisting with those who are mainstreamed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Smaller class size or aids in the room.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The situation at this school has changed this current year, as we now have an LRC in our building. It would be most helpful to have elementary pupil-personnel workers available in a real sense, not token effort, to assist children and teachers. School systems can't afford them, so, maybe the state needs to assist in this respect.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more Guidance counselors, Psychometrists, and
Auxiliary aides

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2. We have only 1 TMR class + 2 EMR Classes for 2
Complete school systems - No psychom - or any
kind of testing until this year

3. Lack of classes, personnel, space + money given
for not offering the classes -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Very desperately need some elementary
Guidance Counselors available for
students in our buildings.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our school corp. is large enough to warrant ~~its~~ ^{it's} own
psychometrist and director. We need more guidance people in
the elementary levels. More classrooms + special trained teachers
needed for an educable-mentally-retarded.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need speech therapy offered to our Secondary and Middle-School students in Special Education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There is a need for help in crisis situations. We have a student for whom we have tried to get help for the past two or three years, and, while he is in a special education room, his case is severe enough to warrant help we can not give him. No one, anywhere, from the DPI to local has been able to satisfy our need in this case. Movement is slow...too slow, in very serious cases. They are grown up and out into the world before help they should have received in the primary grades is available to them.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More services are needed to handle the emotionally disturbed children that seem to be flooding our schools, e.g., perhaps more resource type teachers and/or aides to work in this area.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We definitely need more teachers in the area of emotionally disturbed. We are in desperate need of these teachers and funds for them. Many children are achieving below their capabilities because of an emotional disturbance.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our testing service is of good quality. However, there is too much time lag between referral & testing due to our load on testing personnel.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Ours is a changing neighborhood and we are receiving more and more students who are educationally deficient. Our need would be small classroom situations for students who are two years or more below grade level.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More supportive personnel are needed to help with early identification, etc. For example, referral & follow up are handled by school nurse, counselors, etc., and their caseloads are already too great. It would be helpful if there were more personnel whose primary responsibility would be working in special education and seeing that children are properly placed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More clinicians to speed up identification of possible candidates for placement. More special classes so that eligible student do not have to remain on a waiting list to enter a class. Some student have been on a waiting list for placement for 1 1/2 year.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There is a great need for additional classes for the emotionally disturbed or socially disturbed, and a clarification of identification and placement of students whose primary handicap might be emotional but who are placed in classes for the retarded.

The needs for children with severe discipline problems are not being met.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more classes for emotionally handicapped.
No place for placement of children 13 yr or older with emotional handicaps.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need rooms for Emotionally Disturbed and Neurologically Impaired/Learning Disabled.

Children are not being tested because there is no classroom for them.

Rule S-1 is fine but need funds to implement it.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Additional programs are needed for the physically handicapped and emotionally disturbed children.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need to care for emotionally disturbed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There is a great need for help with the emotionally disturbed child. Sometimes the help is needed for a brief time while other times for 2 or 3 years.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Many emot. Disturbed have high I.Q. Need special classes for these. Unchallenged brilliance can lead to indifference & emot. disturbances.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

This community's dire need for an Emotionally Disturbed classroom.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

(2) "Create" the proper place for students such as (1) L D centers (3) Workshops for those under 16 -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need special programs for children with learning disabilities (such as dyslexia) and for children who are emotionally disturbed.

However, I realize that the above difficulties are difficult to diagnose and some of the children we suspect having them possibly do not.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Create more Learning Disability classes with trained teachers.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that in our school system we should have special education programs or services of some type for the Neurologically Impaired / Learning Disabled, the Emotionally Disturbed, the Physically Handicapped, the Visually Handicapped whether it be a program in our own school system or we share the responsibility with another school system.

I also feel that the limit in a special education classroom for the EMK should be no more than 10.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel a need for more special classes dealing with emotionally disturbed and learning disabled children. I believe these children, whether severely handicapped or not, would benefit from more contact with specially trained teachers and smaller classrooms.

Not enough guidance resources

No classes for emotionally disturbed or Learning Disabilities.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need Emotional Dist. Classes
Learning Disabled classes

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

we need Learning Disabled classes
we " Emotional Disturbed "

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more EMR. classes in
more schools.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

more Trainable classes

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our special education program is relatively new and in this we do have some problems, however we are closing some of the gaps each day.

~~We are going to have~~

The biggest concern is providing the specialized programs for specific disabilities (not necessarily retardation).

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We have little trouble on referrals & evaluation. The main problem is transportation and enough teachers to fill the needs.

In our situation it is not enough money available from state & federal govt.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Desperately need
a learning disabilities
class for Jr. High
13 reater help for the
marginal ability (educ.
ment. ret.) child placed
in regular classrooms.
Teachers need help in
creating programs for
them.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

One of the areas I am very concerned about are those students that are handicapped with learning disabilities. Reading, math, ect.

The lack of facilities and personell to work with these students creates problems for them that cannot be solved by retention. These students need special help through some kind of a step program. Again ~~our~~ problem is facilities and money to fund these special teachers.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need special classes or resource centers for the learning disabled

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In our rural area - transport
ation problems and fewer incidences
of severely-profoundly retarded individuals
prevents developing adequate services.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Transportation in our situation is bad. We have
students returned to our building at 2:30 p.m. and
school is not out until 3:30. No good.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Very difficult to arrange for transportation for students who could benefit
from programs offered in nearby school district. Plus our number of exceptional
cases do not warrant our having a class for these few students.

We have a lack-of-space and facility problem

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2. The MH, PH, VH, HI, ED, LD, TMR children from our system need
to be bussed to "far away places" to their programs in our
Special Education Cooperative, requiring very long bus rides.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Programs involve special travel time
Transportation is a big problem

Item 40 is a big problem

Emotionally disturbed students present
our greatest challenge.

If a class is available and
transportation is available, the
entire process is very simple and
fast. If not ????

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Provide funds for the transportation
of children in the Learning Disabled
classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2.) We Need more facilities for E.M.H. children

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Many of the children who need special education would take an active part if parents knew the special education was within the confines of the home school. However many schools because of financial reasons have one special education class for the entire corporation in which all children are housed. This makes parents reluctant to participate in such a program.

It would be nice to have more monies funded to the school corporations so individual schools could have their own special education classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Many Special Programs like Learning Disabilities, Visually Handicapped and Hearing problems should be housed in local school buildings.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More special education services should be made available to the students and be closer to our attendance areas.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Location of classes closer to this location.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We have no program within the building - the Corporation offers extensive services but ~~not~~ ^{our} students must be transported to another building. The two I indicated were not getting help were cases of the child not wanting to attend classes in another building and the ~~teacher~~ parent agreed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I would prefer having special ed teacher in my building if only for part of the day to work with my students rather than bussing them to another building for full time instruction in special ed class. Students could spend part time in regular classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

KEEP CLASSES DOWN TO 12 E.M.R.

GROUP BIGGER AGE SPANS IN RURAL
AREAS. TO CUT DOWN ON TRAVEL KEEP
CHILDREN IN THEIR OWN SOCIO-ECONOMIC
MILIEU.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The only suggestion I would have: to see that each educable child attend school in their own school district. The trauma of changing schools and long bus rides are too much for many of these children to handle. It affects both performance + behavior.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Individual spec ed program within a corporation.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

4. Need more classes for emotionally disturbed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need to have special education facilities closer to the Junior High School. A portable is suggested.

All a full time counselor is needed

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Rule S-1 should be written in a more understandable and usable context. The way it is written it is nearly impossible to truly understand.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Some of the restrictions and requirements imposed by Rule S-1 get in the way of the education of students in need of help.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The step from evaluation to identification of handicaps/disabilities seems to be very time consuming and sometimes confusing. It is difficult for a psychometrist, school administrator and/or counselor to categorize a child in one of the many definitions of pupils' handicaps as outlined in the S-1 Rule.

7. if you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

1. The S-1 procedure for securing parental permission ~~of~~ referral, placement and retreating should be simplified.

2. The program should be broadened to permit the inclusion of some borderline pupils with parental permission in EMK classes without testing by a licensed psychometrist. This would help overcome some of the stigma attached to EMK classes

7. if you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

1. Rule S-1 does not make provisions for temporary assignment to Special Ed. classes pending final case conference decisions. We are frequently confronted with a situation in which immediate action is necessary.

2. A very important need is a Regional Learning Disabilities diagnostic center which could give us in-depth diagnosis as a basis for designing a program for an individual student at a low cost.

7. if you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/ disabilities; placement in special education programs, etc.:

Some students do not seem to fall into any of the prescribed categories under rule S-1. One of two things is needed; a better and more definitive set of guidelines for referral basis, or a new approach to classroom management. Many of these "left-out" students are not receiving the services they need because they do not fit at all with the group to which they are assigned. The teacher has neither the time, or, often, the training necessary to deal with one individual's peculiarities.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In some of the definitions, I sometimes feel that qualifications are a little too severe - some child are borderline and do have to wait for placement - but, then, if the definitions are adjusted to include more children, I realize the cost increase this would cause -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel unnecessary business being placed on some areas (i.e. speech & hearing) in the Law's report & placement requirements.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The requirements under Rule 5-1 for putting a child in a speech therapy class are absolutely ridiculous. This has caused more confusion among parents than it has helped them. When the parents did consider it a school service offered by qualified personnel which was accepted by them, they now feel that there is something wrong, usually mentally, with their child if they have to sign for them to have it. This is wrong and it is hard for them to understand that many bright children as well as the slower ones often need speech therapy.

Because of this Rule 5-1 many children who would normally be placed in speech therapy and didn't all get placed because the parents will not sign for them to be placed.

6. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The biggest problem seems to be in the areas of the child who is almost classified as legally retarded but not quite and the emotionally disturbed and brain damaged children that you can not get help for. The only thing that can be done is to exclude from school. This helps the normal children, but does nothing for the damaged child.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Would it help to change labels from Educable Mentally Retarded to something else not so offensive?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The term "educable mentally retarded" should be changed to "educable mentally handicapped". The current term is misleading. Once those children leave school, they're normal in that they can function in society. The term retarded used for these children is a degrading stigma.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Better definition of learning disabled is needed and we need to know how to help them once they are identified. I wish someone could tell me how important perceptual motor training is for children with learning problems.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I would like to see more emphasis on discovering learning disabilities which often lead to educational retardation in some students.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

It seems the neurologically impaired/learning disabled child must prove to himself and to everyone else that he is a failure before becoming eligible. Attitude then becomes an overwhelming obstacle. Perhaps an improvement in definition would improve the help to children.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Needs to be a classification for emotionally disturbed children who cannot function in the regular classroom.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There needs to be a clearer identification of E.M.R.'s — Learning disabled — the E.D. too much overlap in these areas. More programs are needed in the Learning disabled and Emotionally disturbed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Quit passing all of these silly laws to make it more difficult to have a meaningful program. Frankly I am disgusted with the way the state is handling Sp. Ed.

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7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too much burden is placed on education to get approval for placement. Many times we deal with parents with little education, and they do not see value in our programs. They see a social stigma attached, so they say "no" to proper placement. Rule should be reversed — we place and parents have appeal right.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Change the law so parent permission is not needed for testing. The majority of children who need special ed do not have parents who can make intelligent decisions.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Change the law —

Parents should be notified of intent to test and place and must come to sign for testing — home care conference — sign for testing and placement — a 2nd time all within the period of time prior to placement. A whole school semester or more is passed (and the student suffers) while the whole process is being developed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our greatest need is now for learning disabled students functioning in the regular classroom. At least a traveling resource person well trained in L.D. is needed to diagnose and prescribe remediation for the L.D. students. It is needed in Rule 5-1 some provision, some way for clearly diagnosed special education students to be placed in the appropriate program even though parents do not agree. I'm thinking here in particular cases where the functioning level of some parents is such that it is hardly possible for parents to fully understand the situation and needs for their children.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I am sure that the procedure for placement has caused many students not to be placed in some areas. Some parents cannot be found, cannot read, and do not care. The law assumes that parents are interested and this is not true in many cases.

What do you do with a child while he is being tested and the procedure is being followed?

Thank you

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

a law passed where you don't have to have the Parents consent to test and place.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

By the time a parent signs all the forms and receives the registered letter, we have caused him to think that perhaps with all these procedures, that his decision might be wrong.

Once a parent has indicated his consent for placement in special education, why not stop ^{additional} referral procedure which are needless and cause ^{some} parent additional guilt feelings.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Parent involvement is too difficult to get. Parents of special ed. students are often as low mentally on the students, just older, and are some times hard to deal to correct a student problem. The school should have more authority to place student. I haven't lost any cases yet, but I will.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Low ability pupils - low ability parents.

If a pupil needs special help, he should have it in spite of the uncooperative parents.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The school does not have enough authority in placing students. Parents who are usually low mentally themselves can decide not to have a child placed in a special program.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

My only real objection is that parental approval must be secured — and we have children whose parents see no problem and will not approve. Many times, they need more help than others. Also, the required letters to parents (under certified or registered letter) informing parents of rights to hearings, etc., by the very nature of the letters, applies a stigma to the special program that causes parental apprehension and fear.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Throw out the idea a parent can take a child out of Sp. Ed. or PVE simply by signing a piece of paper.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Time consuming
in getting parental
consent for testing*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

more psychometrists.

a law which will enable the school to place a child in a class where tests prove that this is the place for that child. Today a parent says no and there is nothing you can do. You leave the child in a regular classroom & he learns nothing, is retained & becomes a discipline problem.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The parents have to much say. We are being unfair to a whole class if student's parents say no to testing or placement.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel we need an approach to parents who refuse to sign for their child to attend special education classes. To me this is the most severe case of child abuse that can be demonstrated.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I vehemently do not agree with the Parent having the right to withdraw their child from any Special Education Class at any whim or notion.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The only problem that exists now is when parents have final say, it is sometimes detrimental to child before a few realize there is a real need.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Although I agree that Parents should have the option of placing their child in a special education program, I do not agree that they should be required to give permission to test their child. Requiring such permission seems to be just another step in an already slow process.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The fact that we must have a face-to-face conference to get test permission blanks signed is detrimental to the program. Permission by telephone should be acceptable & blanks sent home for them to sign. 158

Placement in a special education class should not be the sole decision of the parents. Some pupils are educationally impaired when parents refuse to place them in best educational environment.

7. If you wish, please write your suggestions to improve the special education services and programs; the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Some students are deprived of needed services by parental refusals — this should not be allowed.

7. If you wish, please write your suggestions to improve the special education services and programs; the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The major problem we have and it's sure every school has is getting the parents consent to place their children in special education programs. The schools have lost most of their placement power with this needed parental consent. I have no suggestions to overcome this.

7. If you wish, please write your suggestions to improve the special education services and programs; the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Parental opposition should be reported to

7. If you wish, please write your suggestions to improve the special education services and programs; the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The largest problem encountered is parental opposition to testing and placement for Special Education.

7. If you wish, please write your suggestions to improve the special education services and programs; the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Special education should be mandatory for a student who needs it.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Personally I believe that qualified school personnel should have the final word on placement in special classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Parents should be allowed to deprive of special services where testing indicates a need for them.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I wish the parent could be made to let the youngsters take part in the special program when all evidence points in that direction.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We must have parents working with us, and not deciding all the questions.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that there should be some recourse for the school. when a child should be placed - class is available but the parent will not permit the child to go into Sp Ed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Realizing the fact that some children may have been misplaced into a special ed class who really should not have been so placed, I wish that the schools had a little more authority to place such children who need help but whose parents refuse to permit them to attend special ed classes.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that there should be a waiver provision for a time duration about placement of students by the schools because of parents who don't respond to contacts or attend conferences. Give parents 15 days to deny placement rather than parent signature for acceptance.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I am not certain that the required parent consent is always good. Some parents do not like special classes, but have no rational basis, and their children suffer, because parents do not approve.

1. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Seems that a child recommended for Sp. Ed, if such child could be served more appropriately in such a public-funded program, could be placed in the program without the consent of parents' legal consent.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I think it is a shame that parents can say no to special education and make their children stay in the normal class room and keep moving more to the rear.

I feel if a child is tested and proved to be a "Special Education" student that is where they should be placed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Students needing special education from the homes that parents won't sign for such placement are being deprived of their rights. Return the right of placement to the professionally trained staff!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

One point of contention in this school is the fact that the parents have the right to make the ultimate decision in placement. It would seem that a group of professionals would be better able to determine proper placement than parents who do not have the background of information and experience needed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Acknowledge children's right to evaluation, diagnosis and special education to meet their particular need not respecting parents acceptance). If we must respect parents lack of consent, some children will never receive an educational program geared to their particular needs — Do Not Children Have This Right ???

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The school needs a little more freedom to screen students for possible placement. Often times the first part of a testing program will either verify or reject the classroom teacher's feelings. For this I don't feel it should be necessary in all cases to have to get parental consent.

As in most all programs funded by outside local school agencies, the red tape is entirely too much. If a child is to be placed in a special-ed program, then we do owe the parent the reasons for this to be done. But to do testing for the school's benefit, why have to get parent permission to do so??

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

As I understand this survey is for the 1973-74 school year and to the present time of this school year. During that time we were lucky enough not to have anyone we felt eligible for Special Ed. In the past we have had and have gotten some of them — Special Ed — in our system.

I do feel that we have a very good Special Ed. set up in our school system even though we do not have it in our building but it is available to us if needed.

If I have found one weakness in the past I would have to rate lack of Parental acceptance has been our biggest drawback.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Due to the small size of our school we have less need although this year we received one pupil who tested low enough to receive special education, but it is ^{from the elementary school} ~~not~~ understanding the parents refused to cooperate. This student along with a few only a few points ahead of the mentioned student are receiving low or failing grades during the first grading period. We have a special remedial reading class

1. these low students.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Mr Wayne has been fortunate in being able to furnish many special education areas to the schools. Fortunately, or unfortunately, most of the children we consider for special placement from our school cannot qualify because they are able to function well enough in the mainstream - parents are improving in special helps that they are able to do for their children - they're more knowledgeable regarding the problems and remedial training skills -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More lab experiences are a necessity. also communication and understanding on the part of parents is more highly desired.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Improve on definite information in understandable terms by the parents.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

--Parents should be more informed as to the special education services available through the school system; they should also be more involved in the referral and placement process.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I realize the testing program in the past has been misused, but it is of some merit to have the testing material prior to the parent conference. Too often during parent conferences, the sole basis of referring a child for testing is teacher judgment. This is sometimes hard to justify to an uncooperative parent.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Everything must be done to sell the Special Education Services to parents and to the general public. The social stigma must be reduced.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

One of the most troublesome problems is the social stigma attached to Spl. Ed. by parents. I do not have an answer to the problem.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The classified labels such as "Educable Mentally Retarded" won't do. Parents do not accept such terms in regard to their own loved ones and justly so. The labels must be positive totally not just part way. Many parents will not agree to being put into classes with such titles and although the program and philosophy is good this part must be changed in order to assure that the youngsters will be included.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Whenever possible, labeling of youngsters as "special education students," by whatever name, should be avoided.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

- I. The term "special education" in itself is a detriment to the promotion of such programs. The term is too often associated by the public as meaning, a T.M.R. or custodial retarded child. The label should be changed or dropped. "Slow learner" as used in Ohio would be much more beneficial to the student and the parent. At the same time it is acceptable to the public.

Reactions and the Procedures Prescribed by Rule S-1

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In our situation it takes too long to get any help after referral - and even longer ^{delay} for parent conference. We have no physical facilities for special education in our building. The red tape defeats the program.

It was over 30 days before we heard from the last child that was tested. The child was tested Oct. 1. We still have not received a written report nov. 7, 1974

Our pupil turn over is great. Children often move before help is given

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that it is much too difficult to get a child tested + finally enrolled in special Education. I fear some people would rather ignore the situation rather than go through the entire procedure.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Ours is a tri County joint affair
The Administrative process is slow -
Each person is stretched -

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

It takes at least three months from time of referral to testing, then another 2 months for conference, and placement takes place the next year. Isn't it possible to speed this up?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The whole procedure is too long, complex, and involved. It is discouraging to both parents and school people.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The process is too lengthy, involved, & time consuming. It needs to be simplified, eliminating some of the un-needed procedures.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Is there a procedure or way to reduce the amount of time and effort necessary to place a student in Special Ed.?

The program is worthwhile but time consuming.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too much paper work! Our co-op gets so involved in forms that the child is often lost. When the psychometrist must write a recommendation for the learning disabilities, to informally talk with Teacher, ^{Teacher} ~~psychometrist~~ has gone too far.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

There is too much paper work involved. School people should have more authority in student placement.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too much paper work and red tape involved. The time between referral and placement is too long.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The procedures outlined in S-1 are cumbersome and very time consuming. Personnel could better spend their time in direct services to children rather than filing reports and meeting the requirements of S-1 procedures.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Procedure is much too cumbersome.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Loss of time in processing a student from regular classroom into a special class if student is found to be a Spec. Educ. student (Procedures too long)

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Case conference takes too much time and in most situations Teacher, Parent and/or Special Education Director could handle.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Case conference procedure of S-1 ties up so many people at one time

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

If a child needs help it is very important that proper placement be made and not allow the process to be tied up with a lot of paperwork.

SECTION B

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*cut referral procedures to a min
too many forms - too much repeated
info. more load on spec ed personnel
relief of school personnel*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*There is too much red tape &
Forms to fill out - 4 Pages by Teacher &
4 Pages by Parents Plus Signatures
~~before~~ just to start - then it
become more complicated. With no one
employed to handle all of this work -
only emergency case referrals are made.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*To much "red-tape" involved to identify needs for Speech & Hearing.
I am in the 7th week of school and no formal speech and hearing
classes for students. To much time spent with telephone calls,
registered letters, etc. When you loose 20% of the school year on
"red-Tape" we are not serving children.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Just a thought, but I wonder if evaluation and diagnosis aren't tied up in too much red tape, perhaps it protects everyone involved, it just seems we go through a lot just to confirm subjective judgement.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Too much red tape as
required by the State.*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too much Red Tape involved

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

*Too much red Tape —
Too many forms!*

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Rule S-1 makes the procedure for identification, referral, diagnosis, and placement more difficult and time consuming because of all the red-tape involved. We need less of this sort of thing rather than more.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too much "Red Tape" and Rule S-1 makes it worse than it was.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Cut out some administrative "Red Tape" under S-1.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2. Eliminate the voluminous paper work and "red-tape" for proper placement. S-1 complicated this.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1) Must have ^{interim} provision for child who is failing in regular classes until he goes through S-1 procedure & is placed in special ed. On high school level I have seen many drop out before they were finally tested & placed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

4. Reduce time lag of referral to place in program

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

① Increase the speed of testing services

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2 Better and faster methods for

- a. referral
- b. diagnosis + evaluation
- c. conferences with parents
- d. final placement

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Less red tape
2. All parental approval forms not necessary.
3. More psychometrists
4. Quicker placements
5. Provide counselors for Elementary Schools

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Keep the same procedures for an entire school year.

Suggestions Concerning Special Education Practices

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The procedure for referral, evaluation and diagnosis is very good though I, personally, prefer a complete test write-up - Bender, Draw-a-Person, includes the WISC. also, it would be helpful to develop a team case conference approach with a reading teacher giving visual perception tests, the speech teacher giving auditory perception tests, and the nurse giving visual & auditory acuity tests. Then a full picture of the child is available from various points of view. Admittedly this requires more personnel but it also can be started by using present personnel in a different way. For example, the speech teacher, according to national research, should probably not include a child who only begins until the 3rd grade. The speech person could also be trained to do an ITPA, the physical education teacher a perceptual motor test such as the Purdue Pegboard and also the Winterhaven for fine motor. Then if we can dream a little, a learning disabilities teacher can work with these children needing specific training in small groups right in the regular school. They could also test and work with the 60 children in the SECTION B mentioned on page 1 whom we cannot even begin to think about placing due to lack of personnel.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Placement should reflect functional level and not just the I.Q. score. The classroom should reflect the needs of each child but students functioning at a very low level should be considered for special education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Acceptance by the other children is a big problem. When child is in the classroom, he may be tolerated but not always accepted. When he is in a classroom within a building he is not always accepted by his peers as a peer. Altho it is not a popular idea, I wonder if the child might be better off in a special school, where not only could he receive a special education, but a special program. While it is true he must learn to adjust to society it would seem that in a protected environment he could retain his dignity until he is ready to cope with society and his

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The I.Q. score should not be the only testing measurement ref a child is as having below his level signifies and with the advice of both parents and teacher, he should then be admitted to a special program

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Might of comment:

Severely, Profoundly Mentally retarded children should not be placed into our public schools. Not only that we are not equipped to handle such child but the public schools should not be put in this position. I do agree that these children deserve their share of state funding etc., but there has to be a better alternative

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The IQ score of 80 as a guide for entrance into sp. ed. classes is deceiving. If a student scores 80 or above, he may still read at 3rd grade level & have to be put in (for example) on 11th grade class. How can he do 11th grade work? Entrance into sp. ed. classes should be based on performance level, acquisition of basic skills, & recommendation of the psychometrist in addition to using the IQ score as a guide.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The biggest problem is the placement of children who score below or right on a written test but oral test they score average. To me if they have trouble in reading and on a written test they can not produce this ought to qualify them for special education. They have a real problem which in a normal classroom they can not function. All these or test are usually read and answer. I feel this hurts the child who needs help from receiving it if you use oral test to qualify for special education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Rule 51 I.Q. section is NOT Valid
for Placement.

Some children placed in S.E.
Classes should be placed in institutions
for more extensive services at
an early age.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Placement in special education programs for M.R. should not depend alone on I.Q. tests. Extremely low achievers should qualify for special education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel as the programs are now many students are excluded that could benefit from them. I would suggest a long hard look at the requirements.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel that Special education classes should benefit the whole student population not just a student with a certain IQ. There are many students with average or above IQ that could improve in learning problems and social behavior by facilities and teaching of Special Education Personnel.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Change the name of Special Education for students in a Senior High Program.

Provide a program of help for students that is not based on IQ alone. There are many average and above average students that could use the facilities offered by a Special Education program.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel all children upon entering school in the first grade should be tested for evaluation and diagnosis of special problems. It seems to take too long during the regular school year to find appropriate times, cooperation, and people available to get the process started. I feel most children are placed too late in their lives in the special education classes. Once a child has spent considerable time in the regular classroom, parents are often ~~unwilling~~ ^{unwilling} to then place that student in special education. Let's get started in the first grade.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We feel that final identification of disabilities/handicaps should be more specific such as neurologically impaired, emotionally disturbed, etc. Increasing number of teachers would enable grouping of students according to their more specific handicap such as the neurologically impaired and those with emotional disturbances.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Wherever possible more distinction should be made in separating Educable-M/R & Emotionally Disturbed. Our present classes are really mixtures.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel a great need for screening, diagnosing, prescribing and following-up on learning disabilities.

(ie systematically working with children in an organized program to correct the identified disability. We need tests, materials and record keeping simple cards for the kids that need help in the classroom (20% of total))

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I do not think the stipulation that a ~~pediatric~~ pediatrician or neurologist must approve is necessary it should be any medical doctor.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2. More thorough testing and evaluation of students who have special needs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel there should be more done in the field of learning disabilities (identification and placement). Should they have an itinerant teacher or be placed with a teacher full time? What specific tests determine learning disabilities?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Please advise us of methods in determining the existence of problems listed in the neurological impairments.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1.) My only complaint is distinguishing between L.D. children (~~the~~ ^{with} VISUAL & Speech) problems.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

① The restrictive regulations for LD make it almost impossible for kids to qualify. This is the largest area of need and the area of greatest restriction. ② you need to supply additional support staff - Counselor, Social worker, etc. - in schools with Spec. Ed. programs. Just teachers is not enough. ③ Change your regulations so Spec. Educ. teachers can adopt a "hands-on" policy. You are making us inefficient because we have a few kids who meet the tough guidelines so we have a program for them when the teacher could work with more. Waste of talent, time, and money!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Let what ever Special Ed Teacher gave
Home Work with all type of student
Handicapped - slow learner - etc. if that
in all the school system how they are
better able to teach them, than the
reg. Gen Room Teacher

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We must expect and demand useful
evaluations and a workable diagnosis of
students. A parroting back of handicaps or
disabilities must be discouraged.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

3. Establish pre-school screening to reveal
physical, emotional or learning problems
in advance.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Generally, well satisfied. Would like more "personalized" attention. We believe an alternative learning program would be beneficial for our "emotional" and related "problems".

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our school does not have an organized procedure for placing special education students.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More information about children when they are placed in Special Education.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Placement in a special class should be with the approval and recommendation of the special class teacher.
2. The ability span should be kept within reasonable limits, i.e. not including students who are too low or too high in ability as compared with the rest of the class.
3. Children who are mainly behavior problems should not be placed in special education because of "lack of interest in school."

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Teacher judgment has to play a greater role in placement. What is one to do with a pupil who simply cannot perform any academic task assigned yet does not qualify for a special ed program?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The placement of a special education student should always be as a result of staffing, expert advice, and consultation with teachers concerned.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

PVE Level* Industrial Arts. Courses should be available. The PVE classes should be on the First Floor and next to the shop area, and the cafeteria. A greater number of vocational skills need to be part of this training.

* Without competition of regular students and regular teacher grading standards.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

II. A student placed in a "special education" class should follow these steps:

- a. Referral for need by the teacher (of the student) to that student's counselor
- b. Consultation between the teacher, counselor, and special education teacher
- c. Conference between special ed. teacher and student.
- d. Student consent and special ed teacher consent.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

P.V.E. heard shop classes needed without
Regular ^{Teacher} standards in competitive grading. P.V.E.
classroom needs to be located next to the shop
for the boys.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Need more done in remedial area.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our teachers flounder and seek and re-seek materials that will be helpful, but to my knowledge no real catalogue of materials is available to administrators teachers etc. for materials to work in a specific problem. We must be creative and we must just ~~XXXXX~~ do our own thing in seeking solutions and materials to solve a particular problem.

Many companies flood the market with software etc. that they say is good, but the quality control or advice control from some source is not available. From year to year we need to keep closer touch and information with the agencies responsible for furnishing materials and the evaluations of these materials. I guess I am saying we need assistance in materials availability and evaluation concerning selection.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. IMPROVED COMMUNICATIONS

- a. FROM TESTER
- b. TO SCHOOL NURSE
- c. TO TITLE DIRECTOR
- d. TO PRINCIPAL
- e. TO TEACHER
- f. TO PARENT

MUST BE MORE of a UNIT INSTEAD of
separate channels;

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. More coordination between school personnel (directly involved with it) and personnel at higher level.
2. Better understanding of total Special Education program

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We are involved in a Special Educator Co-operative. Our administrators go to meetings yet they do not deal with the students who need to be served. Counselor need to be made aware of what is available.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Better communication from the Director to Local Principals & Teachers. More psychometrists & guidance people.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Improvements:

- (1) looking for referrals to be placed in class - lower case load for the psychometrists.
(2) more supervision of the Special Co-op director. (example, I have a new Special Ed teacher who has never met the director - I feel the TMR's need their class and the EMR's need theirs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The problems of special education and the care necessary to have a quality program is overwhelming to the principal of a school who must accept this responsibility in addition to those already associated with administering a school.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The real problem is the lack of qualified teachers in the secondary level. Each department, especially English, math, social studies, science

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I have no suggestions for improvement but I would like to see more people qualified and trained to work with these handicapped children so that we can get them into the proper programs.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Many teachers have no idea what child to refer they know the student is having problems, but continually social promote until they reach 6-7-8 grades, then it's almost too late - Lack of education of the teacher as to handic

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The only suggestion that I would make in this area would be that each year the teachers be made aware of the various kinds of disabilities and the referrals that are available to them when they sense they have such a student.

Also, it would be very helpful to have someone who could serve as a resource person with learning disabilities and emotional handicapped students. With regards to learning disabilities, this teacher could recommend prescriptions to the teacher for use in the regular class.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

On a practical level, we would like to see an exchange of information between the different levels of special education within each school system. This could avoid duplication of efforts on the part of teachers involved. Perhaps teachers within a system could rate material available for special education, indicating what has worked and what has not. Another suggestion which would save time for special education teachers would be a reference book that could recommend that certain materials have been found useful, when working with children who have specifically identified problems. This latter project could be coordinated through the Indiana State Department of Public Instruction.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. Inform Teachers of proper referral methods.
2. Inform all Teachers exactly what Special Education is & why it is for.
3. Need more physical facilities for Special Educ. students.
4. Form for referral for Teachers to turn in.
5. What are we going to do about the students between Special Educ. & regular classes. Every 7th & 8th grade student not in Special Educ. is in the same. math - History - Geo - Science - English - Reading - Home E. - I.A. & etc. ?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

SUGGEST more emphasis put on WORKSHOPS with new ideas introduced.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Properly trained people to staff the class.
By properly trained. I mean teachers who have gotten a good education in the area they are to teach. By a good education I mean a program that is structured by competent people and taught by competent people. The present day programs at the colleges and universities is one in which the ~~for~~ instructor assigns reports and has the students teach the class. Never are the students learning because the material they report on is copied directly from the source and forgotten or thrown away as soon as the course is finished. Better preparation is the key to a better program.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Perhaps some presentations could be presented to local school boards by a team from the State Department of Public Instruction in regard to the need of Special Education Programs in the schools.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I definitely believe that most special education services could best be cared for by providing teachers as to supplement the teachers in each individual building. Perhaps if there were a few centers in the state from which people with definite skills could be dispatched to help schools with problems it would be very helpful. I sincerely believe that help should only be given when requested by each individual school!

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Overpaid personnel and bureaucracy makes Sp. Ed. an extremely expensive program. We lose about as often as we gain for one reason or another.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc..

IN THE PAST 5 YEARS
I HAVE MET ONLY A VERY FEW
SPEC. ED. PERSONNEL WHO "GO THE
EXTRA MILE" OR HAVE A
SINCERE CONCERN FOR CHILDREN.
MOST PLAY THE GAME
AS "EXPERTS" AND PUT
THE VERY MINIMUM AMOUNT
OF TIME INTO THEIR WORK.

Comments on the Problem of Slow Learners

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We seem to have a number of students at various grade levels who cannot keep up with regular classroom work due to multiple reasons, but who are not low enough (Binet) to be included in Spec. Ed. programs. These are students who earn an I Q score of 75-90 or 95 but who fall shy of the ability needed to do regular classroom work. "Twilight" zone students, these kids fall further and further behind. By grade 6, they may be able to achieve at no higher than a third grade level.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need a disability class for those who do not qualify for Spec Ed because of high test scores, but who do need special attention for their problems. We need counselors for elementary problem "family" situations.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Too often students that are tested, have too high I.Q. scores for spec ed classes but yet have difficulty in a regular classroom situation. The recommendations returned to the teacher to provide help for the student has and or is being used, but not successfully, thus leaving the teacher frustrated as to what to do with that child as it remains in the classroom.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

A firm program devised whereby that child not able to do regular room work can be placed in a room of and for slow students. The 85 or 90 I.Q. person drags the school, yet they don't qualify for special help. This needs working on badly, and most Superintendents won't touch it.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We here in School Corp. are really lucky in the excellent facilities for testing our children ... and even to placing them but I feel very strongly that that child who scores just above 75 on our I.Q. tests are the neglected special education problems. They are placed in competition with all the other children (Homogeneous grouping being a No, No) and soon retire into all sorts of coping behavior.

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Also, like the Calif. Schools are doing, we need more classes for the younger children with perceptual problems and overactive children (hyperkinetics).

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

A greater use of guidance counselors in the elementary schools to help students with social and emotional problems.

The greatest need for the normal classroom is "help" for those students who fall in the high 70's to low 90's I.Q. range who lack the proper self motivation to perform to their ability. The older this type of student gets the more social and emotional problems come into being and usually the performance level declines and bad school attitudes develop.

Overall we seem to be forgetting the child that has the mildly handicapped problem or problems. We need more follow up on those children who are referred but for one reason or another do not qualify for a "special education program." These students have the potential to become assets to society as a whole but may often become

~~dropouts~~ **LIABILITIES** dropouts who become ~~dropouts~~ as citizens. The earlier we work on problems in a student's life the easier it is to help that child.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

An area that I feel is neglected is the student that is just above the I.Q. level for special education (70-82). Sometimes this student is said to be in the "dull normal" area or is lacking motivation and could be a low average student if motivated. Many of these students are lost in the shuffle in the classroom situation as it now is.

I feel our Special Services Department do an excellent job in the areas of referral, evaluation and diagnosis, and placement.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I include more children in the 75-90 I.Q. range. Too many of those children need help.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

The schools need help for those children with I.Q. between 70 & 80. These are very difficult to handle in a class of 30.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our Co op has developed a total program. The students with severe handicaps are being taken care of.

The students I worry about are the "slow" students who don't ^{meet} anybody's qualification for special help.

What do you do with a "90 I.Q." student who is 3 years below grade level?

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

As previously stated, special education does not cover a large enough area. Pupils who have I.Q.'s between 79 and 88 also have learning problems and have just as much of a right for special help as do the present children in the HEK classes. Something needs to be done on this level to aid the schools financially, so they can employ special teachers for helping those kinds of children in the areas of language arts and math.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We need classes for Learning Disabilities children with I.Q.'s under 90. There is presently nothing for the child with this problem whose I.Q. is in the high 80's.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More assistance needed for kids who are capable, but not producing: perhaps a label of Educationally Handicapped.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

2) We have many who are performing 2 or more years below expectancy level in reading & are therefore failing on senior high level. There needs to be a category for them & help for them. ("Neurologically impaired" doesn't fill the bill).

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Our problem seems to be having a rather large number of students who can not succeed at their grade level. We have 800 students & we find it impossible to gear ourselves down to the level needed by these students. They were sent to us from the elementary grades, operating on 3rd & 4th grade level.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We would like a tutorial program for students with special problems, but not so severe that they can't stay in the regular classroom. This is the only service that we do not have.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1. The state provides no category for the "slow learner" (approx IQ 75-85) whose needs could be met with a "resource" room.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

If allowed to include them, the special education programs should be extended to include students of normal intelligence with achievement and emotional problems. Too much emphasis is placed on intelligence quotient for placement.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

In the evaluation of Special Education EMR, the I.Q. is much too low.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More flexibility in EMR criteria or another level of special education above the EMR range 197

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

One group of neglected students ^{are} ~~(EMR)~~
those not identified Spec. Educ. M or H2
This group has great difficulty functioning
in a regular classroom

also, the lack of emphasis placed
on the extremely intelligent child.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

As I see it, there is a distinct need for children
that do not quite qualify for special ed services
that now exist within our corporation - specifically
the LD children.

We are developing a program to take care of this
type child - Ed Help & RDT program. More could be done

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

I feel some pupils would really be better off if left in own age level groups and doing work at a level of capabilities with help from peer group. If they can see better work of students they may try harder on their own, regardless of many of the low capabilities together can create an untold number of problems. Who really knows what is really best for these individuals? ~~Should~~ they be directly associated with school or are there other types of help for such children

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Students in special education programs need to be mainstreamed more than they currently are. Socialization with peers is certainly as important as academic skills. It is true that they need special help, but I have reservations about the "special ed. classes."

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

Generally I prefer less isolation of special education students and advocate keeping them in the mainstream of the school whenever possible, thus avoiding the stigma of being radically different from other children. Also the skill of special education teachers should be made more easily available to regular teachers having students with learning problems.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

More special ed resources ^{people} into the schools to work with students and teachers + let them ^{all children} view themselves as "normal" kids with strengths and weaknesses just like everybody else. - They are.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We are moving to a full resource program which will aid all students (with parental consent) in need of special help in any academic area, with all students mainstreamed for all subjects with exception of those for which they receive the special aid.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

1-4

KIDS WITH SPECIAL PROBLEMS NEED
TEACHERS WITH SPECIAL TRUITS
and TRAINING - I'M NOT FOR
LEAVING THE HANDICAPPED IN
LARGE CLASS ENROLLMENTS AT
LEAST NOT FOR THE ENTIRE
SCHOOL DAY - SPECIAL PROBLEMS
REQUIRE SPECIAL TRAINING,
EQUIPMENT and AREAS -
MAIN STREAM WHEN THE TIME
IS RIFE.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

We are very pleased with
our mainstreaming program. We do
need more resource personnel.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis; identification of handicaps/disabilities; placement in special education programs, etc.:

* In our elementary school we have an intense
Learning Center in area of special education. Because
of the quality of the personnel we have a good
situation even though they are not licensed in
special ed.

7. If you wish, please write your suggestions to improve the special education services and programs: the procedure of referral, evaluation and diagnosis, identification of handicaps/disabilities; placement in special education programs, etc.

1. Better inservice training and additional instructional help for the regular classroom teacher to improve the integration of special education pupils in the regular classroom.